

P10000091513

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

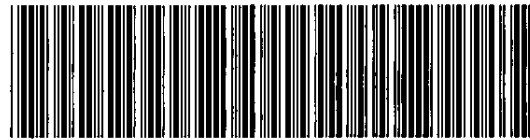
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Kandice West*  
AUTHORIZATION BY PHONE TO QAVE  
CORRECT Article IV  
DATE 11/10/10  
DOC. EXAM MRD

Office Use Only



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11/08/10--01044--002 \*\*70.00

FILED  
10 NOV - 8 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD 11/10

11/10-52743

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: KW Permitting Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Kandice West

Name (Printed or typed)

3183 SW Collings Drive

Address

Port Saint Lucie, FL 34953

City, State & Zip

561-352-8784

Daytime Telephone number

kandice.west@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: KW Permitting Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3183 SW Collings Drive  
Port Saint Lucie, FL 34953

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Permitting

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Kandice West, President</u>	Name and Title: _____
Address: <u>3183 SW Collings Drive</u>	Address: _____
<u>Port Saint Lucie, FL 34953</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

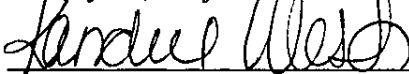
Name: Kandice West, President  
Address: 3183 SW Collings Drive  
Port Saint Lucie, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kandice West  
Address: 3183 SW collings Drive  
Port Saint Lucie, FL 34953

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

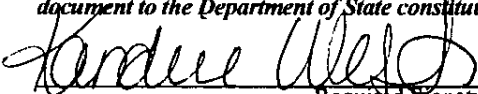


Required Signature/Registered Agent

11/03/10

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

11/03/10

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA