

P11000007268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400188708534

12/16/10--01010--013 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN 21 AM 11:14

FILED

J. Shivers JAN 24 2011

W10-58182  
611  
619

*Daniel C. Damosh*

*Kyle/Kersten, Inc.*

*1490 Alamander Avenue*

*Englewood, Florida 34223*

*Phone 1-941-343-7121*

December 7, 2010

I Daniel C. Damosh hereby authorize the new corporation to use the name "Kyle/Kersten, Inc." for all future filings. The State of Florida has administratively dissolved "Kyle/ Kersten, Inc." and I have no intention of revoking this decision.

Required Signature

*Daniel C. Damosh*

Date

*1/18/11*

State of Florida  
County of Sarasota

Sworn to and subscribed before me this *18<sup>th</sup>* day  
of *January*, 20*11*

Personally appeared *Daniel C. Damosh*  
to me known to be the person described in and who  
executed the document(s) attached.  
Personally Known... Or Produced identification.  
Type of identification Produced *FLN*

*[Signature]*

2011 JAN 21 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I NAME** KYLE/KERSTEN, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1490 ALAMANDER AVENUE  
ENGLEWOOD, FLORIDA 34223

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE PRESSURE CLEANING SERVICES & OTHER VARIOUS SERVICES  
FOR RESIDENTIAL HOME OWNERS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DANIEL C. DAMOSH (PRES)  
Address: 1490 ALAMANDER AVENUE  
ENGLEWOOD, FLORIDA 34223

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DANIEL C. DAMOSH  
Address: 1490 ALAMANDER AVENUE  
ENGLEWOOD, FLORIDA 34223

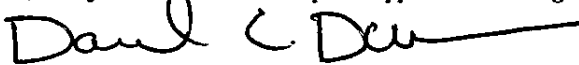
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIEL C. DAMOSH  
Address: 1490 ALAMANDER AVENUE  
ENGLEWOOD, FLORIDA 34223

FILED  
2011 JAN 21 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

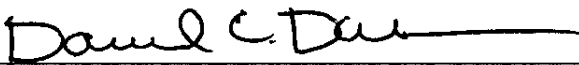
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/18/11  
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

1/18/11  
Date