

711000021529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

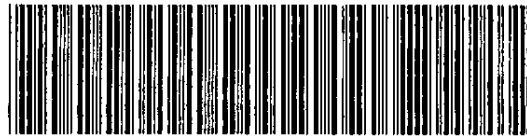
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Carleen DeBoer GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name
DATE 7-7-11
DOC. EXAM IS

Office Use Only



500196024525

02/28/11--01051--014 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -1 PM 2:30

FILED

J. Shivers MAR 04 2011

W 11-12286

COVER LETTER

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

SUBJECT: KMD ASSOCIATES, INC.

(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: **RICK A. DEGOLYER**

Name (Printed or typed)

19115 Huckavalle Road

Address

Odessa, FL 33556

City, State & Zip

727-785-0058

Daytime Telephone number

rickfsb@aol.com

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

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

2011 MAR - 1 PM 2:30
FILED
TALLAHASSEE, FLORIDA

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: KMD ASSOCIATES of west Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19115 Huckavalle Rd.
Odessa, FL 33556

Mailing address, if different is:

PO BOX 961
Odessa, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICK A. DEGOLYER
Address: 19115 Huckavalle Rd.
Odessa, FL 33556

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: RICK A. DEGOLYER
Address: 19115 Huckavalle Rd.
Odessa, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICK A. DEGOLYER
Address: 19115 Huckavalle Rd.
Odessa, FL 33556

FILED
2011 MAR -1 PM 2:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

2/1/2011

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

2/1/2011

Date