

P11000021903

(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:

Hettie Davis GAVE

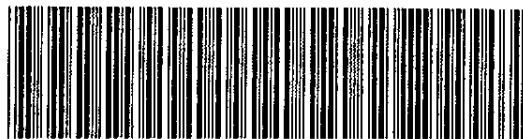
AUTHORIZATION BY PHONE TO

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DATE _____

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BS 3/7/11

Division of Corporations
Tallahassee Florida

February 22, 2011

To Whom It May Concern:

I am requesting that my corporation name of Kenneth Edward Ault Plumbing
Be released and I do not retain the name effective immediately. *etc*

This is a unanimous choice by the stockholders.

Thank you,

Kenneth E. Ault

COVER LETTER

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

SUBJECT: Kenneth Edward Ault Plumbing Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐

\$70.00
Filing Fee

☒

\$78.75
Filing Fees &
Certificate of Status

☐

\$78.75
Filing Fee
& Certified Copy

☐

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kenneth E. Ault
Name (Printed or typed)

203 SW Able Way
Address

LAKE CITY FL 32024
City, State & Zip

386 752 4576
Daytime Telephone number

diehardchief58@yahoo.com
Email 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: KENNETH Edward Ault Plumbing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

203 SW Able Way
LAKE CITY FL 32024

mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & All legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS

Name and Title: Kenneth Ault - Pres Name and Title:

Address: 203 SW Able Way Address:

LAKE CITY FL 32024

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:

Address:

Kenneth Ault
203 SW Able Way
LAKE CITY FL 32024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Nettie Davis
846 SW Main Blvd
LAKE CITY FL 32025

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

Kenneth Ault

Required Signature/Registered Agent

2/24/11

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.

Nettie Davis

Required Signature/Incorporator

2/24/11

Date

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