

P11000043301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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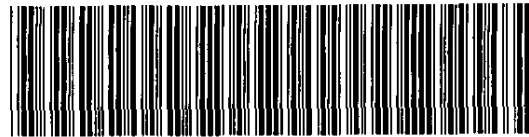
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY -5 AM 10:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY -5 AM 10:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2011

COVER LETTER

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

SUBJECT: Kaitlyn KAR Co.
(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: Annette Altman
Name (Printed or typed)
408 Motorcoach Dr.
Address
Polk city FL 33868
City, State & Zip
732 616 4073
Daytime Telephone number
DENNIS Altman 557 (A) G-mail.com
E-mail address: (to be used for future annual report notification)

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

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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: Kaitlyn KAR Co

ARTICLE II PRINCIPAL OFFICE

Principal street address
1316 N. combee Rd
Lakeland Florida
33801

Mailing address, if different is:
408 Motorcoach Dr
Polk City Florida
33868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vehicle Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annette Altman Pres
Address: 408 Motorcoach Dr
Polk City FL 33868

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: Annette Altman
Address: 408 Motorcoach Dr
Polk City FL 33868

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Annette Altman
Address: 408 Motorcoach Dr
Polk City FL 33868

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

Annette Altman

Required Signature/Registered Agent

5-5-2011

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.

Annette Altman

Required Signature/Incorporator

5-5-2011

Date

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TALLAHASSEE, FLORIDA