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(Requestor's Name)

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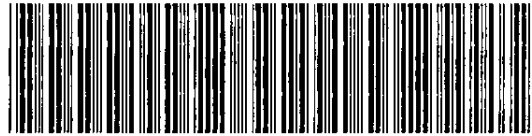
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 PM 1:55

PS 6/1/11



RECEIVED

11 MAY 31 AM 11:48

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIVISION OF CORPORATIONS

May 17, 2011

KEITH KLINGENSMITH SR
485 N BUENA VISTA DR
LAKE ALFRED, FL 33850

SUBJECT: KLING-ON PAINTING INC
Ref. Number: W11000027210

We have received your document for KLING-ON PAINTING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article V & VII. Please make your document more legible to be suitable for imaging before returning for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 011A00012222

COVER LETTER

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

SUBJECT: KLING-ON PAINTING 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: KEITH KLINGENSMITH SR.
Name (Printed or typed)

485 N BUENA VISTA DRIVE
Address

LAKE ALFRED, FL 33850
City, State & Zip

321-438-3141
Daytime Telephone number

K.KLINGENSMITHSR@ATT.NET
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: KLING-ON PAINTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

485 N BUENA VISTA DRIVE
LAKE ALFRED, FL 33850

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENGAGE IN ANY LEGAL BUSINESS ENTERPRISE IN THE
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS PRESIDENT

Name and Title: KEITH KLINGENSMITH SR Name and Title:

Address: 485 N BUENA VISTA DRIVE Address:
LAKE ALFRED, FL 33850

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: KEITH KLINGENSMITH SR
Address: 485 N BUENA VISTA DRIVE
LAKE ALFRED, FL 33850

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEITH KLINGENSMITH SR
Address: 485 N BUENA VISTA DRIVE
LAKE ALFRED, FL 33850

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

05/26/11
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.

05/26/11
Date

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