

P110000066121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

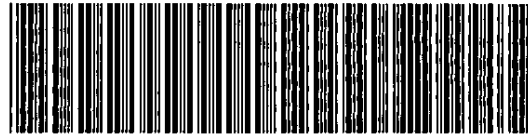
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/11/11--01018--010 **78.75

11 JUL 21 AM 2:30

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W110000036752

COVER LETTER

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

SUBJECT: The Catalyst Corporation

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Christopher A. Kinch

Name (Printed or typed)

1600 Garden St. Suite 47

Address

Titusville, FL. 32796

City, State & Zip

321-267-7254 (cell 321-961-0638)

Daytime Telephone number

ack5885@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 12, 2011

CHRISTOPHER A. KINCH
1600 GARDEN ST. SUITE 47
TITUSVILLE, FL 32796

SUBJECT: THE CATALYST CORPORATION
Ref. Number: W11000036752

We have received your document for THE CATALYST CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 111A00016578

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: The Catalyst Distributors Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
1600 Garden St.
Suite 47
Titusville, FL 32796

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to merge disabled individuals into owners/co-owners of franchise establishments so they can rely on the success of their company for financial and medical support rather than the U.S. Government.

ARTICLE IV SHARES

The number of shares of stock is: 1 stock of ownership owned by Christopher A. Kinch

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher A. Kinch, President
Address: 1600 Garden St. Suite 47
Titusville, FL 32796

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:

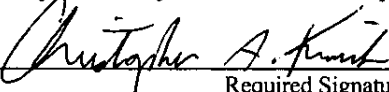
Name: Christopher A. Kinch, President
Address: 1600 Garden St. Suite 47
Titusville, FL 32796

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher A. Kinch, President
Address: 1600 Garden St. Suite 47
Titusville, FL 32796

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

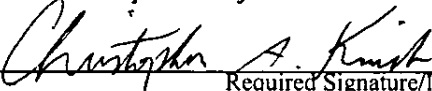


Required Signature/Registered Agent

July 17, 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

July 17, 2011

Date