

P11000095296

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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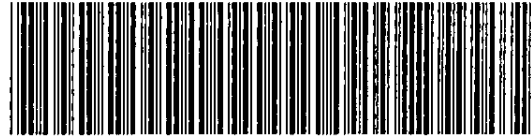
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 NOV - 1 PM 1:58

11/2/11

ORIGINAL

COVER LETTER

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

SUBJECT: KLP SUPPLY & DESIGN SERVICES, 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: TIM PERRY
Name (Printed or typed)

606 POWELL DR
Address

ALTAMONTE SPRINGS, FL 32701
City, State & Zip

1-407-947-7549
Daytime Telephone number

TKPSD2005@AOL.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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: KLP SUPPLY & DESIGN SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
606 POWELL DR.
ALTAMONTE SPRINGS, FL
32701

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DESIGN ENGINEERED
PRODUCTS FOR CONSTRUCTION. SELL
PRODUCTS SUCH AS: BEAMS, TRUSSES, + HURRICANE
STRAPPING

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY K PERRY PRES Name and Title: _____

Address: 606 POWELL DR. Address: _____

ALTAMONTE SPRINGS, FL
32701

Name and Title: CHRISTOPHER LEE PERRY V.P. Name and Title: _____

Address: 606 POWELL DR. Address: _____

ALTAMONTE SPRINGS, FL
32701

Name and Title: BRANDON PERRY QUAGLIA Name and Title: _____

Address: SECRETARY/TREASURER Address: _____

606 POWELL DR.
ALTAMONTE SPRINGS, FL
32701

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BRANDON PERRY QUAGLIA

Address: 606 POWELL DR.
ALTAMONTE SPRINGS, FL
32701

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TIMOTHY K PERRY

Address: 606 POWELL DR.
ALTAMONTE SPRINGS, FL
32701

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

Brandon Quaglia

Required Signature/Registered Agent

10-13-11

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.

Timothy K. Perry

Required Signature/Incorporator

TIMOTHY K. PERRY

10-13-11

Date

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