P110000099816

(Requestor's Name)				
(Address)				
(Address)				
. (Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
. •				

Office Use Only



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10/21/11--01019--010 **78.75

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SECRETARY OF STATE
SECRETA

COVER LETTER

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

SUBJECT: KMC Drywell COCD. (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	
FROM: Kevin McFall Name (Printed or typed)	
1307 Good Earth Dr. Fig.	i T
DeLeon Springs FL 32130 (384) 801-4362	FILED
Daytime Telephone number Km Crall 86 84 @ gmgil, WM / E-mail address: (to be used for future annual report notification)	<u>u</u>

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



RECEIVED

-11 NOV 14 PH 2: 24

FLORIDA DEPARTMENT OF STATE

October 24, 2011

KEVIN MCFALL 1327 GOOD EARTH DR DELEON SPRINGS, FL 32130

SUBJECT: THE FINISHING TOUCH DRYWALL INC.

Ref. Number: W11000054428

We have received your document for THE FINISHING TOUCH DRYWALL 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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 complete Article(s) I.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st. your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year:

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	1000	
The name of the cor	poration shall be: KM (Dry wall	corp.	
	PRINCIPAL OFFICE		r
	Principal street address	Mailing	address, if different is:
	1327 Good Earth Dr.		
	DeLOON Spring FL		
	32130	 	
RTICLE III	PURPOSE		
	* 1 .1	- 55	
	nich the corporation is organized is:	1600	
RTICLE IV	SHARES		
	es of stock is: One		
	INITIAL OFFICERS AND/OR DIRECTOL le: Louin Michall - Officer	Name and Title:	
Name and 11 Address:	1387 Good Earth Dr	Name and Title: Address:	
Address.	Delan Spring FL	Addicss.	
	32130		
			
Name and Tit	le:	Name and Title:	
Address:		Address:	
			<i>y</i>
Name and Tit	le:	Name and Title:	
Address:	1	Address:	27 S 1
			<u> </u>
			m _e m
			学が 圣 ロ
	REGISTERED AGENT <u>ida street address</u> (P.O. Box NOT acceptable) o	of the registered agent is:	D FLORIDA FLORIDA FLORIDA
Name:	Keyin McFerl	n die regisiered agent is.	₽ ₩ 3
Address:	1327 Good Earth Dr.	_	_
	DeLeon Springs Re 32130		··· ·
RTICLE VII	INCORPORATOR		
he <u>name and add</u>	ress of the Incorporator is: Xevin Michael 1327 GoodEarth Dr. Deleon Springs CL 528		•
Name:	122 7 GOOD of Dr.		
Address.	Delega Covidus Ch 57.13	5	•
	•		
aving been name	d as registered agent to accept service of proces	ss for the above stated corp	poration at the place designated i
is certificate,)I an	i familiar yfith afid accept the appointment as rej	gistered agent and agree to	act in this capacity
1/	M/I U I	,	.1//11
- Kan	. My		11/7/11
	Required Signature/Registered Agent	_	Date
	1/ ,	- 4 I 4b 4b	a Calan information and mile of the
SUDMIT THIS ACCUI	nent and affirm that the facts stated herein are partment of Sapte constitutes a third degree felon	e true. I am aware that the	e juise injormauon suomined in : 155 ES
rumeni to ine De	parament of sque constitutes a intra degree felon	ty us proviued jor in 5.01 /. i	(33, £.35, '
<i>8_</i>	14,111		ハノフノロ
$\overline{\Gamma}$	Required Signature/Incorporator		Date
1/	# INCUMING SIZIMANIC/INCUIDUIANI		i Date