## P120000029266

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
·		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





400226130344

03/26/12--01048--006 \*\*87.50

12 NAR 26 PM 12: 3

1/4

## **COVER LETTER**

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

SUBJECT: KETTLE (PROPOSED CORPORA	Inco	rborate
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: DWIGHT Name	KETTL (Printed or typed)	- E
6869 NW. 6	9 ct.	
Tamarac.	FI. 33 State & Zip	321
754-423 Daytime To	- 54 4 6 elephone number	
Dwight Kettle G E-mail address: (to be used		Com-

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	FALE		
The name of the corporation shall be: Kettle in cor	borated 12 MAR 26 PM 12: 36		
ARTICLE II PRINCIPAL OFFICE	/		
Principal street address 6869 NW 69 CT Tam was F1. 33321	Mailing address; if different is:		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:  At wity for which the corporation is organized is:  The purpose for which the corporation is organized in the	engage in any lawful poration may be organize tration Law of Florida. Comporation		
Name and Title: Dwght reftle Address: 686910 w 69 ct  Tamara L F1 33321			
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 Name:  Address: 6869 Nw 69 c+  Tamarac F1. 33321	The registered agent is:		
ARTICLE VII INCORPORATOR			
Name: Dwight Kettle Address: 6869 NW 69 Ct  Tamarac F1. 3332	- -1		
Having been named as registered agent to accept service of process this certificate. I am familiar with and accept the appointment as regi			
Wettle	March 23-2012  Date		
Required Signature/Registered Agent	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	March 23-2012.		
- I	Dute		