## P12000073472

(Requestor's Name)				
(Address)				
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(0) (0) 1 77 (0)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: KATKEL	L Enterprises Inc.			
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Peter To	e (Printed or typed)			
320 1st Street N. #807				
Jocksonville Beach FL. 32250 City, State & Zip				
904-534-4215  Daytime Telephone number				
peter c @ graham company. Com				
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)

The name of the corporation shall be:	:ATKELL Enter	prises, Inc.	FILED	
Principal street	address #907 Seach, FC 32050	1.9	AUG 27 PM 2: 22  ddress, if different is:	
The purpose for which the corporation is	real estate/co	om mercial		
ARTICLE IV SHARES The number of shares of stock is:	)			
Name and Title: Peter Cross Address: 320 jet 5	1 mg 1 + 807	Name and Title:Address:		
Name and Title:Address:		Address:		
Name and Title:Address:				
ARTICLE VI REGISTERED AC	BENT			
The name and Florida street address (Police Address: 320 151 251 251 251 251 251 251 251 251 251	r Cretius # 807	e registered agent is:		
The name and address of the Incorporate Name: Address:  Address:  Address:	orisinos rolius Sarod, N. #867			
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 Sign	nature/Registered Agent		Date	
I submit this document and affirm that document to the Department of State con				