

P/2000082913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

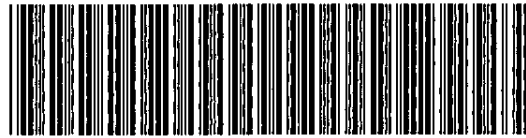
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000239999310

09/27/12--01002--002 \*\*35.00

09/17/12--01035--015 \*\*43.75

FILED  
2017 SEP 27 P 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/1/17

ATTN: IRENE ALBRITTON

HERE is the Articles of INCORPORATION  
FOR KLT Tire Company. FOR OUR PHONE  
CONVERSATION I had sent AN AMENDMENT to  
Articles FOR KLT Powersports Along  
with a check FOR \$43.75. we discussed  
stopping the Amendment and Applying the  
Funds to the CREATION OF KLT TIRE company  
I am enclosing ~~and~~ check FOR \$35.00. This  
check combined with the check FOR \$43.75  
gives me/department of State A combined total  
OF \$78.75 which is needed to create  
KLT Tire company. Thank-you for your help.

Lorin J. Jell  
CONNIE TYSLA

(727) 207-9083

## COVER LETTER

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

SUBJECT: **KLT Tire Company**

(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
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Lonnie Tyska**

Name (Printed or typed)

**PO Box 2869**

Address

**Land O Lakes, Florida 34639**

City, State & Zip

**727-207-9083**

Daytime Telephone number

**kim.lonnie@gmail.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)

**ARTICLE I NAME**

KLT Tire Company  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
23110 st rd 54 #104  
Lutz Florida 33549

Mailing address, if different is:

PO Box 2869  
Land O Lakes Florida 34639

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale and/or installation of new and used tires, and any other legal business permitted in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lonnie Tyska President	Name and Title: _____
Address: PO Box 2869	Address: _____
Land O Lakes, FL 34639	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

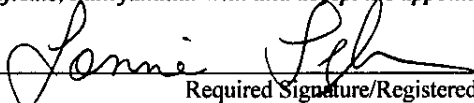
Name: Lonnie Tyska  
Address: 23110 st rd 54 #104  
Lutz FL 33549

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

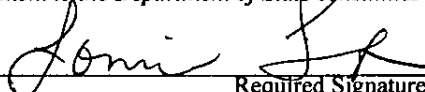
Name: Lonnie Tyska  
Address: PO Box 2869  
Land O Lakes FL 34639

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

Sept. 21, 2012  
\_\_\_\_\_  
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

Sept. 21, 2012  
\_\_\_\_\_  
Date

FILED  
2012 SEP 27 P 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA