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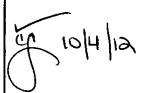
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FILING CANCELLED RETURNED CHECK

10/03/12--01020--015 **78.75

12 OCT -3 PM 3: 55

SEUKETARY OF STATE. DIVISION OF CORPORATION



COVER LETTER

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

SUBJECT:	Kings Town Consu	Iting, Inc.	(UDE SHEELY)		
	(FROFOSED CORFORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation an	d 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 CO	OPY REQUIRED		
FROM: _	Joan Williams Name	(Printed or typed)			
	10661 Airport Pulling R	oad Suite 16 K		=	Ξω
	A	Address		12 0CT	ora ma
	Naples, FL 34109	State & Zip		ప	
_	239-431-5711 Daytime Te	elephone number		PM 3: 55	OF STATE
	kingstownconsulting@ E-mail address: (to be used	hotmail.com	notification)		Š

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

ARTICLES OF INCORPORATION

FILED
SEURE FARY OF STATE HYISE NOF CORPORATIONS
TITLE REPORTED IN

In compliance with Chapter 6	507 and/or Chapter 621, F.S. (Profit) SEURE FARY OF STA DIVISION OF CORPORA
ARTICLE I NAME Kings Town Cor	nsulting. Inc.
The name of the corporation shall be:	12 OCT -3 PM 3: 5
ARTICLE II PRINCIPAL OFFICE	. 2001 3 гн 3:5
Principal <u>street</u> address 10661 Airport Pulling Road N Suite 16 K Naples, FL 34109	Mailing address, if different is:
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Any lawful business.	FILING CANCELLED
	RETURNED CHECK
ARTICLE IV SHARES The number of shares of stock is: 200	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	
Name and Title: Joan Williams, CEO	Name and Title:
Address: 10661 Airport Pulling Road N	
Suite 16K Naples, FL 34109	
•	
Name and Title: Address:	
Name and Title: Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT	<u> </u>
The <u>name and Florida street address</u> (P.O. Box NOT accepta	able) of the registered agent is:
Name: Joan Williams	· · · · · · · · · · · · · · · · · · ·
Address: 10661 Airport Pulling Road N S Naples, FL 34109	Suite_16K
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Joan Williams Address: 10661 Airport Pulling Road N St Naples, FL 34109	uite 16K
Having been named as registered agent to accept service of his certificate, I am familiar with and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
(a.d. M) . 00	09/06/2012
1818 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Required Signature/Registered Age	

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.

09/06/2012 Date Required Signature/Incorporator