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(Business Entity Name)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -3 PM 3:55

10/4/12

COVER LETTER

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

SUBJECT: Kings Town Consulting, Inc.
(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

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Joan Williams
Name (Printed or typed)

10661 Airport Pulling Road Suite 16K
Address

Naples, FL 34109
City, State & Zip

239-431-5711
Daytime Telephone number

kingstownconsulting@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Kings Town Consulting, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street 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.

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DIVISION OF CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Williams, CEO

Address: 10661 Airport Pulling Road N

Suite 16K

Naples, FL 34109

Name and Title: _____

Address: _____

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 the registered agent is:

Name: Joan Williams

Address: 10661 Airport Pulling Road N Suite 16K

Naples, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joan Williams

Address: 10661 Airport Pulling Road N Suite 16K

Naples, FL 34109

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

Joan Williams
Required Signature/Registered Agent

09/06/2012

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.

Joan Williams
Required Signature/Incorporator

09/06/2012

Date