

P12000093406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

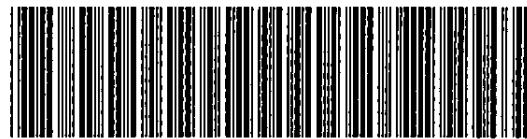
(Document Number)

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

Special Instructions to Filing Officer:

Kyle Kettell  
ATTACH TO EXHIBIT TO  
Art. IV  
Stated  
LAW  
BS

Office Use Only



300241482613

11/08/12--01008--005 \*\*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV - 8 PM 1:51

PS 11/9/11

## COVER LETTER

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

**SUBJECT:** Kyle Kettell 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:** Kyle Kettell  
Name (Printed or typed)

133 Egret Rd.  
Address

St. Augustine FL 32086  
City, State & Zip

(904) 377-1008  
Daytime Telephone number

K5Kettell@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

The name of the corporation shall be: *Kyle Kettell Inc.*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLE II PRINCIPAL OFFICE

Principal street address

*133 Egret Rd.  
St. Augustine FL 32086*

12 NOV -8 PM 1:51  
Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*The Corporation is organized for the purpose of performing lawful business permitted under the law of the United States and of the State of Florida.*

## ARTICLE IV SHARES

The number of shares of stock is: *100 SHARES*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Kyle Kettell* Name and Title: \_\_\_\_\_

Address: *133 Egret Rd.* Address: \_\_\_\_\_

*St. Augustine FL 32086*

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ 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: *Kyle Kettell*

Address: *133 Egret Rd.*

*St. Augustine FL 32086*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Kyle Kettell*

Name: *Kyle Kettell*

Address: *133 Egret Rd.*

*St. Augustine FL 32086*

*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*

*Kyle Kettell*

Required Signature/Registered Agent

*10-23-12*

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.*

*Kyle Kettell*

Required Signature/Incorporator

*10-23-12*

Date