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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
12/13

COVER LETTER

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

SUBJECT: K & H Bar-B-Que, 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: Kenneth Dunning

Name (Printed or typed)

1198 SW Gaffney Ave

Address

Port St. Lucie FL 34953

City, State & Zip

772-233-3831

Daytime Telephone number

edunning4112@comcast.net

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: K&H Bar-B-Que, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1198 SW Gaffney Ave
Port St. Lucie FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food Service and catering

ARTICLE IV SHARES

The number of shares of stock is: 30,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Dunning, President and CEO
Address: 1198 SW Gaffney Ave
Port St. Lucie, FL 34953

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: Kenneth Dunning
Address: 1198 SW Gaffney Ave
Port St Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth Dunning
Address: 1198 SW Gaffney Ave
Port St. Lucie FL 34953

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

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

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA