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(Requ	uestor's Name)		
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PICK-UP	WAIT	MAIL	
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(Busi	ness Entity Nar	ne)	
(Doc	ument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



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FILED

13 MAY 28 PH 2: 41

SECRETARY OF STATE
TALL ALLASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RK	AND K MARKE	TING INC		
	(PROPOSED CORPOR.	ATE NAME - <u>MUST INCL</u>	UDE SUFFIN)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	I a check for:	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Conv	\$87.50 Filing Fee, Certified Copy	

& Certificate of Status

& Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:	ROGER KIMBALL		13 MAY
	Name (Printed or typed)		72
	1025 CASTLE PINES CT	SSEE O	æ
	Address	<u> </u>	H.
	REUNION FL 34747	TATE ORIDA	2:41
	·		
	708-436-1990		
	Daytime Telephone number	_	
	rkimball-kandkconsulting@att.net ✓	_	
	E-mail address: (to be used for future annual report notification)		

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



RECEIVED 13 MAY 28 PM 4: 29

FLORIDA DEPARTMENT OF STATE DEPARTMENT OF STATE TALLAHASSEE. FLORIDA

May 8, 2013

ROGER KIMBALL 1025 CASTLE PINES CT REUNION, FL 34747

SUBJECT: RK AND K MARKETING INC

Ref. Number: W13000027277

We have received your document for RK AND K MARKETING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing Regulatory Specialist II Supervisor

Letter Number: 013A00011401

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

ARTICLE II PR	INCIPAL OFFICE		
	Principal <u>street</u> address	Mailing	address, if different is:
1025 CASTL	E PINES		
REUNION FI	_ 34747		
ARTICLE III PUT The purpose for which	the corporation is organized is:		
	······································		
		<u>.</u>	
ARTICLE IV SH	ARES 1000		
ARTICLE IV SH The number of shares o	ARES 1000	• 112	FI I3 MAY 2 PICHOLA ALLAHAS
			- 18号 28 戸
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	TILED 28 PM ARY OF A (SSEE, F
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR C. ROGER KIMBALL PRESIDENT	S Name and Title:	Z8 PM 28 PM ANY OF (SSEE) F
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR C. ROGER KIMBALL PRESIDENT	S Name and Title: Address:	TILED 28 PM ARY OF A (SSEE, F
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR 0: ROGER KIMBALL PRESIDENT	S Name and Title: Address:	TILED 28 PM ARY OF A (SSEE, F
ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address:	Z8 PH 2: LI 28 PH 2: LI ARY OF STAIL (SSEE, FLORIDA
ARTICLE V IM Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title:	28 PM 2: 4.1 ARY OF STATE (SSEE, FLORIDA
ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title: Address:	28 PM 2: 41 ARY OF STATE SSEE, FLORIDA
ARTICLE V IM Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title: Address:	28 PM 2: 4.1 ARY OF STATE SSEE, FLORIDA
ARTICLE V IM Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title: Address:	28 PM 2: 41 ARY OF STATE SSEE, FLORIDA
ARTICLE V IM Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title: Address:	28 PM 2: 4.1 ARY OF SLATIL ASSEE, FLORIDA
ARTICLE V IM Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR ROGER KIMBALL PRESIDENT 1025 CASTLE PINES CT REUNION FL 34747	S Name and Title: Address: Name and Title: Address: Name and Title:	28 PM 2: 4.1 ARY OF SLATIL ASSEE, FLORIDA

Name an	d Title:	Name and Title:	
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	Estas maniatament arrant in	
Name:	ROGER KIMBALL	The registered agent is.	
Address:	1025 CASTLE PINES CT		
	REUNION FL 34747	-	₩ 60 -
ARTICLE VII	INCORPORATOR	-	S MAY 2
The name and ad	Idress of the Incorporator is:		FILE 28 F
Name:	ROGER KIMBALL		
Address:	1025 CASTLE PINES CT		2: 4 STAT LORRI
	REUNION FL 34747		DA -
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporatio istered agent and agree to act in	in at the place designated in this capacity H 30 13
I submit this document to the I	ument and affirm that the facts stated herein are department of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a
	Required Signature/Incorporator		7 (30 13 Date