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## **COVER LETTER**

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

SUBJECT: KB	Realty, Inc.		
5055ECT:	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: K	atherine L. Barsl	hinger e (Printed or typed)	
2	103 Doud St	Address	
S	arasota, FL 342		

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

City, State & Zip

Daytime Telephone number

barshinger.kl@gmail.com

E-mail address: (to be used for future annual report notification)

941-706-6200

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

The name of the corporat	ion shall be: KB Realty, Inc.			
	<b>NCIPAL OFFICE</b> Principal <b>street</b> address	Mailing ad	Mailing address, if different is:	
1790 E. Venic	e Av			
Suite 203				
Venice, FL 34	1292		•	
ARTICLE III PUR The purpose for which the	POSE he corporation is organized is: Any a	and All Lawful Busi	ness	
			13 13 11 14 14 14 14 14 14 14 14 14 14 14 14	
			77 F	
			3 5	
			: : 22 86	
The number of shares of  ARTICLE V INIT  Name and Title	Stock is: 100  TIAL OFFICERS AND/OR DIRECT  Katherine I. Barshinger, President		•	
Address	2103 Doud St	Address:		
	Sarasota, FL 34231			
Name and Title:		Name and Title:		
Address			<u></u>	
Name and Title:		Name and Title:		
Address	·			

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Katherine L. Barshinger	_	
Address:	2103 Doud St	_	
	Sarasota, FL 34231	_	<b>= = =</b>
ARTICLE VII	INCORPORATOR		FILED MY 28 - 20 MEZ PER
The <u>name and a</u>	ddress of the Incorporator is:		4. <u>3</u> 3
Name:	Katherine L. Barshinger	_	1. 2
Address:	2103 Doud St	_	50
	Sarasota, FL 34231	_	
this certificate, I  falk  I submit this doc	med as registered agent to accept service of proces am familiar with and accept the appointment as response Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felousies.  Required Signature/Incorporator	gistered agent and agree to act in	this capacity  5-20-/3  Date  Information submitted in a
/			•