

P13000079224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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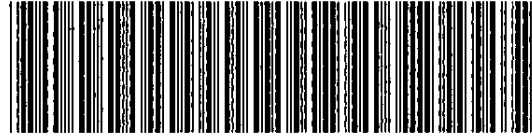
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2013 SEP 23 PM 2:38

VH

## COVER LETTER

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

SUBJECT: KT PARTNERSHIP 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: DONNA SANDIFORD  
Name (Printed or typed)

2323 FIDDLERS LANE  
Address

ATLANTIC BEACH, FL 32233  
City, State & Zip

904 386-5800      904 234-9997  
Daytime Telephone number

KT PARTNERSHIP@YAHOO.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)

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**ARTICLE I NAME**

The name of the corporation shall be:

KT PARTNERSHIP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2323 FIDDLERS LANE

ATLANTIC BEACH

FL 32233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE AGENTS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DONNA SANDIFORD

Name and Title: DIANE BARR

Address

Sec/Treasurer

Address:

PRESIDENT

2323 FIDDLERS LANE

117 Disney Ridge Way

ATLANTIC BEACH, FL

PONTE VEDRA BEACH, FL

32233

32082

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATION

2013 SEP 23 PM 2:30

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SONNA SANDIFORD

Address: 2323 FISHLERS LANE  
ATLANTIC BEACH, FL 32233

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIANE BARR

Address: 117 OSPREY RIDGE WAY  
PONTE VEDRA BEACH, FL 32082

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

Sonna Sandiford  
Required Signature/Registered Agent

9/18/13  
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.

Diane Barr  
Required Signature/Incorporator

9/18/13  
Date

DIANE BARR