

PI3000087727

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/10

W13-56699 

COVER LETTER

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

SUBJECT: **KT&T, 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: **Ralph N. Kindig, Jr.**

Name (Printed or typed)

720 SE 2nd St

Address

Pompano Beach, Florida, 33060

City, State & Zip

954-695-6666

Daytime Telephone number

ralkin6666@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 OCT 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2013

RALPH N. KINDIG, JR.
720 SE 2ND ST
POMPANO BEACH, FL 33060

SUBJECT: KT&T, INC.
Ref. Number: W13000056699

We have received your document for KT&T, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 813A00023890

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: KT&T, INC. MOT CERTIFICATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

720 SE 2nd St

Pompano Beach

Fl. 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Safety training

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph N. Kindig, Jr. President

Name and Title: _____

Address 720 SE 2nd St

Address: _____

Pompano Beach

Fl. 33060

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 OCT 24 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Ralph N. Kindig, Jr.

Address: 720 SE 2nd St

Pompano Beach, FI 33060

ARTICLE VII INCORPORATOR

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

Name: Ralph N. Kindig, Jr.

Address: 720 SE 2nd St

Pompano Beach, FI 33060

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

Ralph N. Kindig, Jr.
Required Signature/Registered Agent

10/4/2013

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.

Ralph N. Kindig, Jr.
Required Signature/Incorporator

10/4/2013

Date

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TALLAHASSEE FLORIDA