

P1400005344

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 14 PM 1:10

*[Handwritten signature]*  
Hill  
1-20-14

## COVER LETTER

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

SUBJECT: **Kisthart Construction 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: **Jack Kisthart**

Name (Printed or typed)

**2097 Sw Ember St.**

Address

**Port Saint Lucie, Fl. 34953**

City, State & Zip

**772-341-1600**

Daytime Telephone number

**jkisthart@att.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)

RECEIVED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 14 PM 1:10

**ARTICLE I    NAME**  
The name of the corporation shall be: Kisthart Construction Inc.

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

2097 Sw Ember St.  
Port Saint Lucie, Fl. 34953  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: Building and remodeling, construction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**  
The number of shares of stock is: 10

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

Name and Title:	<u>Jack Kisthart, Pres.</u>	Name and Title:	_____
Address	<u>2097 Sw Ember ST.</u>	Address:	_____
	<u>Port Saint Lucie, Fl.</u>		_____
	<u>34953</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(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:

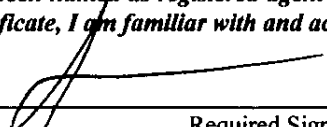
Name: Jack Kisthart  
Address: 2097 SW Ember ST.  
Port Saint Lucie, Fl. 34953

**ARTICLE VII INCORPORATOR**

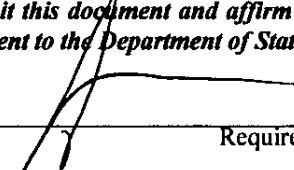
The **name and address** of the Incorporator is:

Name: Jack Kisthart  
Address: 2097 SW Ember St.  
Port Saint Lucie, Fl.

*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*

 _____	<u>1/10/14</u> _____
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.*

 _____	<u>1/10/14</u> _____
Required Signature/Incorporator	Date