

P1400009114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

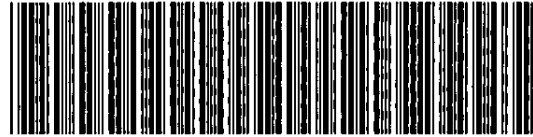
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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01/24/14--01016--004 \*\*70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 24 AM 8:19

*[Handwritten signature]*

*[Handwritten date: 1-21-14]*

**COVER LETTER**

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

**SUBJECT: KHFH Properties, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: Carey Lampel**

Name (Printed or typed)

**100 San Marcos Blvd. Suite 400**

Address

**San Marcso, CA 92069**

City, State & Zip

**760-692-0242**

Daytime Telephone number

**carey@ebsconsultinginc.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 24 AM 8:19

**ARTICLE I NAME**

The name of the corporation shall be: KHFH Properties, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

4420 Whittle Springs Rd.

Suite B

Knoxville, TN 37917

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Businesses

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Mike Cohen, President

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

Address 4420 Whittle Springs Rd.

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

Suite B

Knoxville, TN 37917

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: Kevin Herring

Address: 442 SW 19 Street

Cape Coral, FL 33991

**ARTICLE VII INCORPORATOR**

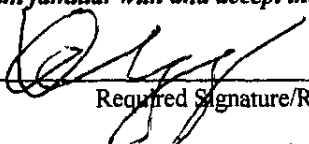
The name and address of the Incorporator is:

Name: Carey Lampel

Address: 100 San Marcos Blvd #400

San Marcos, CA 92069

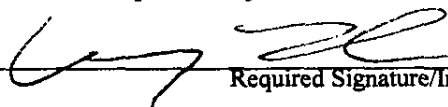
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

1/1/14  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

1/1/14  
Date