## P14000032797

(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:			

Office Use Only



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14 APR -7 AM 9: 42
SECRETAR ( DE STATE

W17-18989

## **COVER LETTER**

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

SUBJECT: KMI	D, Inc.		
	(PROPOSED CORPORA	ATÉ NAME – <u>MUST INCL</u>	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	Kore MacKenzie Benson
	Name (Printed or typed)
	5417 Tangerine Dr.
	Address
	New Port Richey, FL 34652
	City, State & Zip
	727-505-2749
	Daytime Telephone number
	koremac@yahoo.com  E-mail address: (to be used for future annual report notification)
	E-man 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

Apr 3, 2014

March 26, 2014

To Whom it May Concern, Requested Name of corporation changed

KORE MACKENZIE BENSON 5417 TANGERINE DR.

NEW PORT RICHEY, FL 34652

to KMBD, Inc.

thunks, 1/2 0

We have received your document for KMD, INC. and your check(s) totaling \$. 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: 614A00006516

RECEIVED

14 APR -7 PM 2: 05

SECONDARIAN STATE

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

5417 Tanger New Port Ric	E ton shall be: KMD, Inc. K  ICIPAL OFFICE Principal street address rine Dr. Chey, FL 34652  POSE e corporation is organized is: Design		Mailing address, if a	different is:
		Service	S	
		<u>S</u> Name and Title:		14 APR -7 SECRETARY TALLAHASS
Address	5/17 Tangarina Dr	Address:		AN 9: 42
Name and Title:_ Address				
Name and Title:_ Address				

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Kore MacKenzie Benson	= = →
Address:	5417 Tangerine Dr.	
	New Port Richey, FL 34652	
ARTICLE VII	<u>INCORPORATOR</u>	7 AM 9: SEE FLOR
The name and ad	dress of the Incorporator is:	27 <u>:</u>
Name:	Kore MacKenzie Benson	
Address:	5417 Tangerine Dr.	_
	New Port Richey, FL 34652	_
Having been nam	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	
16-6-	Paguired Canaburo/Paguistared Agent	03-21-2014
I submit this doci document to the L		true. I am aware that the false information submitted in a
1/4	Required Signature/Incorporator	03-21-2014 Date