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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Kingdom Mosaic Sales, 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: Nicole Tryon  
Name (Printed or typed)

57 Fair Way  
Address

Crawfordville, FL 32327  
City, State & Zip

(850) 841-0073  
Daytime Telephone number

frankieandnicole@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)

**ARTICLE I NAME**

The name of the corporation shall be: Kingdom Mosaic Sales, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

57 Fair Way  
Crawfordville, FL 32327

Mailing address, if different is:

PO Box 215  
Crawfordville, FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful  
business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Nicole Tryon, President Name and Title: Walter Tryon, Vice President

Address: 57 Fair Way  
Crawfordville, FL 32327

Address: 57 Fair Way  
Crawfordville, FL 32327

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

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

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

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

(cont.)

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: Nicole Tryon  
Address: 57 Fair Way  
Crawfordville, FL 32327

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicole Tryon  
Address: 57 Fair Way  
Crawfordville, FL 32327

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

Nicole Tryon  
Required Signature/Registered Agent

6-2-14  
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.

Nicole Tryon  
Required Signature/Incorporator

6-2-14  
Date