

PI40000256169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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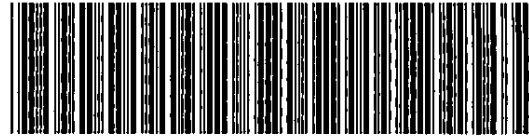
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gmd 6/30

COVER LETTER

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

SUBJECT: **King Cedar 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: **Carlyle Kevin Davis**

Name (Printed or typed)

5345 SE 22PI

Address

Ocala FL 34480

City, State & Zip

352-369-5705

Daytime Telephone number

advserv1@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: King Cedar Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

King Cedar Inc.

1919 NE Jacksonville Rd

Ocala FL 34470

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TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To build and sell wood products.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlyle Kevin Davis

Name and Title: Jason David Schmidt

Address 5345 SE 22PI

Address: 3675 SE 47th St

Ocala FL 34480

Ocala FL 34480

President

Secretary Treasurer

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: Carlyle Kevin Davis
Address: 5345 SE 22PL
Ocala FL 34480

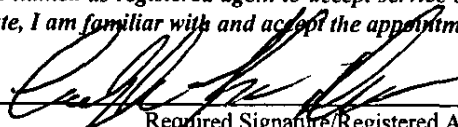
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlyle Kevin Davis
Address: 5345 SE 22PL
Ocala FL 34480

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

6/25/2014

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

6/25/2014

Date