

P/4000058629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

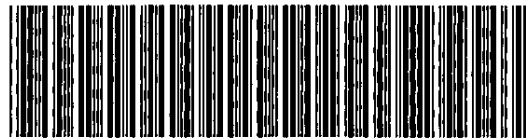
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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07/09/14--01015--012 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL -9 AM 10:51

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: KBK Group, 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: Kimberly Kadel  
Name (Printed or typed)  
8764 NW 27<sup>th</sup> St  
Address  
Coral Springs, FL 33005  
City, State & Zip  
954-803-2140  
Daytime Telephone number  
KimKadel@gmail.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be:

KBK Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8764 NW 27th St.  
Coral Springs, FL 33065

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Mailing address, if different is:

Same SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A regionalized sports and  
activities directory to be distributed to  
children and parents.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title:

Kimberly Kadel, President

Name and Title:

Address

8764 NW 27th St.

Address:

Coral Springs, FL  
33065

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED  
AND  
FILED

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: 14 JUL -9 AM 10:51

Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kimberly Kadel  
Address: 8764 NW 27<sup>th</sup> St  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Kadel  
Address: 8764 NW 27<sup>th</sup> St.  
Coral Springs, FL 33065

*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*

Kimberly Kadel 7-2-14  
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.*

Kimberly Kadel 7-2-14  
Required Signature/Incorporator Date