

P140000074964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

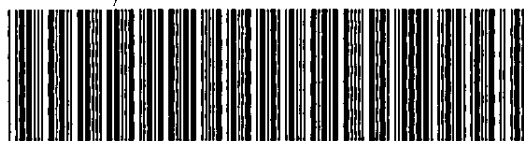
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/09/14--01012--011 **70.00

14 SEP -9 PM 11:11
FELIX AGUIRRE

9/10/14

COVER LETTER

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

SUBJECT: KUMA Adventures, 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: Kimberly A. Hildreth
Name (Printed or typed)
1720 Vonphister Street
Address
Key West, FL 33040
City, State & Zip
773-415-1452
Daytime Telephone number
kim@swivelgroup.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME KUMA Adventures, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1720 Vonphister Street

Key West, FL 33040

ARTICLE III PURPOSE

KUMA Adventures, Inc. was founded to bring a
The purpose for which the corporation is organized is: _____

sense of thrill and excitement to the adventure travel and luxury transportation industry through
events, marketing services and sales of products/accessories.

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Hildreth, CMO

Name and Title: Darian Hildreth, COO

Address 1720 Vonphister Street

Address: 1720 Vonphister Street

Key West, FL 33040

Key West, FL 33040

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kimberly A. Hildreth

Address: 1720 Vonphister Street

Key West, FL 33040

14 SEP -9 PM 11:11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Darian L. Hildreth

Address: 1720 Vonphister Street

Key West, FL 33040

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 A. Hildreth

Required Signature/Registered Agent

KIMBERLY A. HILDRETH

8/26/14

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.

Darian L. Hildreth

Required Signature/Incorporator

DARIAN L HILDRETH

8/26/14

Date