

P14 000 788 30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

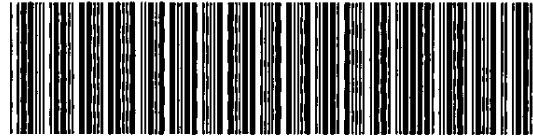
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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14 SEP 22 PM 2:18  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

SEP 23 2014  
S. GILBERT

**COVER LETTER**

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

**SUBJECT: KENSINGTON & ASSOCIATES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: EDWARD KARPOWICZ**  
Name (Printed or typed)

**725 E STRATFORD ROAD**  
Address

**LECANTO, FL 34461**  
City, State & Zip

**810-908-8152**  
Daytime Telephone number

\_\_\_\_\_  
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: KENSINGTON & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

EDWARD KARPOWICZ
725 E STRATFORD ROAD
LECANTO, FL 34461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD KARPOWICZ, PRESIDENT

Name and Title:

Address: 725 E STRATFORD ROAD
LECANTO, FL 34461

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

14 SEP 22 PM 2:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(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:

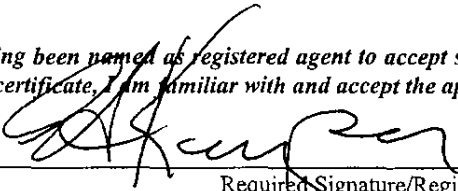
Name: EDWARD KARPOWICZ  
Address: 725 E STRATFORD ROAD  
LECANTO, FL 34461

**ARTICLE VII INCORPORATOR**

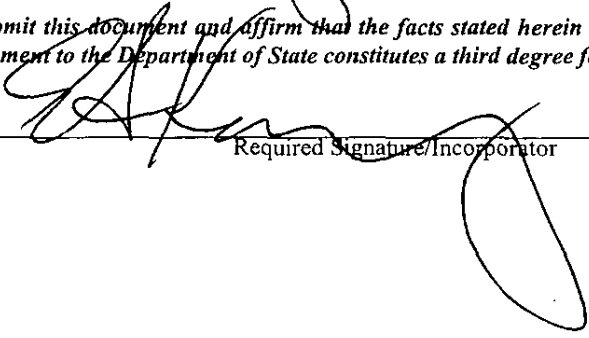
The **name and address** of the Incorporator is:

Name: EDWARD KARPOWICZ  
Address: 725 E STRATFORD ROAD  
LECANTO, FL 34461

*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*

x  Required Signature/Registered Agent  
x 9-17-14 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.*

x  Required Signature/Incorporator  
x 9-17-14 Date