## P140000877360

Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	. (Business Entity Name)
Special Instructions to Filing Officer:	(Document Number)
	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
•	
	Office Use Only



800265721668

10/27/14=-01018=-009 \*\*78.75

14 OCT 27 PN 2: 36
SUCCEDIATE OF STATE

or 10/28/14

## **COVER LETTER**

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

S Services Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
		<del></del>	
radenton, FL 342	03	78 <b>7</b>	,
11-993-6618	·	OCT 2	7
nailkevin2011@gma	ail.com		
	inal and one (1) copy of the articles \$78.75 Filing Fee & Certificate of Status  Paradenton, FL 342 City, 11-993-6618 Daytime To hailkevin 2011@gma	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status  Evin Sodke  Name (Printed or typed)  ADDITIONAL CO  Address  City, State & Zip  Daytime Telephone number  Call \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	inal and one (1) copy of the articles of incorporation and a check for:  \$78.75 Filing Fee & Certificate of Status    Status   Even   E

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)

The name of the corporat	ion shall be: KMS Services Inc	FILED
	NCIPAL OFFICE	14 OCT 27 PH 2:
0047145	Principal street address	
6247 Wingspa	n vvay	ALLAHUSSEE ELOSIO
Bradenton, FL	. 34203	
ARTICLE III PUR The purpose for which the	POSE he corporation is organized is: Indepe	ndent Insurance Adjuster
	TAL OFFICERS AND/OR DIRECTOR Kevin Sodke President 6247 Wingspan Way	RS Name and Title:
Name and Title: Address	Bradenton, FL 34203	Name and Title:  Address:
Name and Title:		Name and Title:Address:

	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of Kevin Sodke	the registered agent is:	
he name and Flor	rida street address (P.O. Box NOT acceptable) o	the registered agent is:	
The name and Flor	rida street address (P.O. Box NOT acceptable) o	the registered agent is:	
	<del></del> `	the registered agent is:	
Name:	Kevin Sodke		
Address:	6247 Wingspan Way		
	Bradenton FL 34203		
ARTICLE VII	INCORPORATOR		
he <u>name and add</u>	ress of the Incorporator is:		
Name:	Kevin Sodke		
Address:	6247 Wingspan Way		
	Bradenton FL 34203		
Isrina hosa namu	d as registered agent to accept service of process	for the above stated cornerati	on at the place decimates
	n familiar with and accept the appointment as res		
	Ku Su	-	10-23-14
	Required Signature/Registered Agent		Date
submit this docum	ment and affirm that the facts stated herein are	true. I am aware that the false	e information submitted it
locument to the De	partment of State constitutes a third degree felou	as provided for in s.817.155,	F.S.
	K. L.		10-23-14
	Required Signature/Incorporator	<del></del>	Date

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