

P15000006035

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KMC INSTALLATIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

15 JAN 22 PM 12:45

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TALLAHASSEE, FLORIDA

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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: KMC INSTALLATIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8761 SW 212 TERRACE
CUTTLER BAY, FL, 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WINDOWS AND DOOR INSTALLATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS H ARENCIBIA
Address: 8761 SW 212 TERRACE
CUTTLER BAY, FL, 33189

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: CARLOS H ARENCIBIA
Address: 8761 SW 212 TERRACE
CUTTLE BAY, FL, 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS H ARENCIBIA
Address: 8761 SW 212 TERRACE
CUTTLE BAY, FL, 33189

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

1-20-15
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

1-20-15
Date