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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF STATE OF STATE OF STATE OF CORPORATION

W15-30274

25/27/15



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2015

ETIENNE KISSLING 10343 LOCKER DR. SPRINGHILL, FL 34608

SUBJECT: KISSLING MACHINERY INC.

Ref. Number: W15000030274

We have received your document for KISSLING MACHINERY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 915A00008766

15 MAY 26 PM 3: 19

www.sunbiz.org

COVER LETTER

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

Tallahassee, FL 323	14		
SUBJECT: KIS	SLING MACHIN (PROPOSED CORPORA	ERY INC. ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: E	TIENNE KISSLII		
4 ^		e (Printed or typed)	
10	343 LOCKER D		
SI	PRING HILL, FL	Address 34608	

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

City, State & Zip

Daytime Telephone number

swiss_inventor@yahoo.com

E-mail address: (to be used for future annual report notification)

559-259-9171

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

ARTICLE I NAM The name of the corporate	tion shall be: KISSLING MACH	INERY IN	C.
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
SPRING HILL	., FL 34608		
	POSE the corporation is organized is:	o, Design,	Build and Sell machinery
			SECRETARY OF STATION OF STORY OF CORD
	TAL OFFICERS AND/OR DIRECTOR	-	DON KAPPEN EXECUTIVE VICE PRESIDENT
Name and Title	10343 LOCKER DR. SPRING HILL, FL 34608	Name and Title Address:	5685 N. MONTE AVE. FRESNO, CA 93711
Name and Title:		Name and Title	:
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ETIENNE KISSLING		
Address:	10343 LOCKER DR.		
	SPRING HILL, FL 34608		SECRE DIVISION
ARTICLE VII	INCORPORATOR		FILE WETARY MY 26
The name and ad	dress of the Incorporator is:		ORPCORPC
Name:	ETIENNE KISSLING		GRAS GRASIA
Address:	10343 LOCKER DR.		03
	SPRING HILL, FL 34608		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
			5-20-15
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felon		
			4/15/2015
	Required Signature/Incorporator		Date