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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

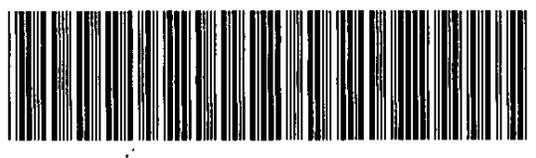
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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APPROVED  
AND  
FILED  
15 JUL 30 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

**COVER LETTER**

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

**SUBJECT:** K. C. WALLS & FLOORING, 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:** KESTER COUTAIN  
Name (Printed or typed)

8219 GREENLEAF CIRCLE  
Address

TAMPA, FL 33615  
City, State & Zip

210-705-9507  
Daytime Telephone number

AMASINGRACE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

19 JUL 30 PM 3:06

**ARTICLE I NAME** K. C. WALLS & FLOORING, INC.  
The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

8219 GREENLEAF CIRCLE

TAMPA, FL 33615

**ARTICLE III PURPOSE** ENGAGE IN ANY LAWFUL BUSINESS ALLOWED BY THE  
The purpose for which the corporation is organized is: STATE OF FLORIDA

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KESTER COUTAIN, PD Name and Title:

Address 8219 GREENLEAF CIRCLE Address:

TAMPA, FL 33615

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

APPROVED  
AND  
FILED

15 JUL 30 PM 3:06

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: KESTER COUTAIN

Address: 8219 GREENLEAF CIRCLE

TAMPA, FL 33615

**ARTICLE VII INCORPORATOR**

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

Name: KESTER COUTAIN

Address: 8219 GREENLEAF CIRCLE

TAMPA, FL 33615

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Kester Coutain* Required Signature/Registered Agent 7.27.2015 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.**

*Kester Coutain* Required Signature/Incorporator 7.27.2015 Date