

P15000064754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

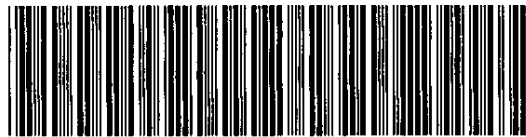
(Business Entity Name)

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

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

The name of the corporation shall be:

K. C. WALLS & FLOORING, INC.

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

The purpose for which the corporation is organized is:

ENGAGE IN ANY LAWFUL BUSINESS ALLOWED BY THE

STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

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