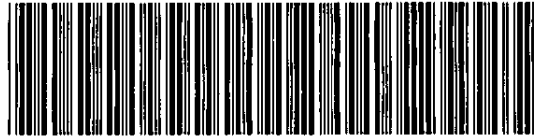


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

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T SCHROEDER

**COVER LETTER**

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

SUBJECT: JEFF KUJATH CONST. CORP.  
(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: JEFF KUJATH  
Name (Printed or typed)

32948 O; / Well Rd  
Address

Punta Gorda Fla. 33955  
City, State & Zip

941-626-3222  
Daytime Telephone number

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

**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)

ARTICLE I NAME

The name of the corporation shall be: JEFF KUYATH COAST CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

32948 OIL WELL RD.

PUNYA GORDA FL. 33955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERSONAL PROTECTION & START WORK & OPEN BUSINESS ACC.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFF KUYATH - President Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

15 AUG 31 PM 4:03 SECRETARY OF STATE TALLAHASSEE FLORIDA

APPROVED AND FILED

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: JEFF KUJALA  
 Address: 32948 Oil Well Rd  
INDIA GORDA FL 33955

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JEFF KUJALA  
 Address: 32948 Oil Well Rd  
INDIA GORDA FL 33955

SECRETARY OF STATE  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

15 AUG 31 PM 4:03

ACCEPTED  
 AND  
 FILED

**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*

[Signature]  
 Required Signature/Registered Agent

8-31-2015  
 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.*

[Signature]  
 Required Signature/Incorporator

8-31-2015  
 Date