

P1500007776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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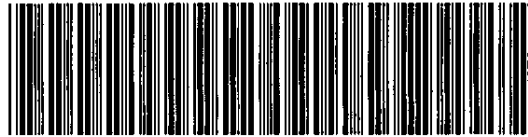
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/15--01022--017 **78.75

15 SEP 14 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

COVER LETTER

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

SUBJECT: KKS Humane, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kevin D. Wrobel, CPA, PA
Name (Printed or typed)

910 Lithia Pincerest Road
Address

Brandon, FL 33511-6121
City, State & Zip

(813) 514-8273
Daytime Telephone number

k_strasburger@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. (Profit)

15 SEP 14 PM 2:39

ARTICLE I NAME

The name of the corporation shall be: KKS Humane, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
3614 Greenstone Place

Valrico, FL 33596-6919

Mailing address, if different is:

3614 Greenstone Place

Valrico, FL 33596-6919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in property rental services as permitted under the laws of
the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 shares - \$.01 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristi K. Strasburger (P/VP/S/T)

Name and Title: _____

Address 3614 Greenstone Place

Address: _____

Valrico, FL 33596-6919

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 SEP 14 PM 2:39

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: Kevin D. Wrobel, CPA, PA
Address: 910 Lithia Pinecrest Road
Brandon, FL 33511-6121

ARTICLE VII INCORPORATOR

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

Name: Kristi K. Strasburger
Address: 3614 Greenstone Place
Valrico, FL 33596-6121

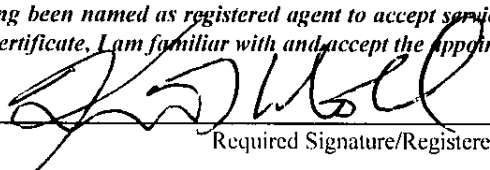
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 15, 2015 (OPTIONAL)

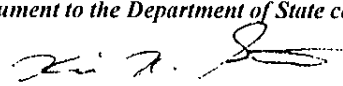
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

	9/10/15
Required Signature/Registered Agent	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.

	9/10/15
Required Signature/Incorporator	Date