P15000095784

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
W15-11094					

Office Use Only



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12/02/15--01003--001 **78.75

SECRETARY OF STATE

DEC - 2 2015

COVER LETTER

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

SUBJECT: KPM M	ANAGEMENT, INC.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL COPY		PY REQUIRED
FROM:	ul L. McClure Nam	e (Printed or typed)	
		Address	
Elle	nton, Florida 34222		
	City	, State & Zip	
941	-744-7147		
	Daytime 7	Telephone number	
pmo	cclurecpa@bellsouth.net		
	E-mail address: (to be use	d for future annual report i	notification)

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

Paul L. McClure.

5750 French Creek Court Ellenton, Florida 34222 (941) 723-7700 (941) 744-7147) (Cell) Email: pmcclurecpa@bellsouth.net



Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: KPM Management, Inc.

Mailing Address:
PO Box 769
Ellenton, FL 34222
Federal ID# 47-5369939
Articles of Incorporation

1 Inc Clure

Corporate Office Location: 5750 French Creek Court Ellenton, FL 34222

Dear Sir / Ms,

Please find check enclosed in the amount of \$78.75 which was left out of the package containing the Articles of Incorporation for KPM Management, Inc. Please credit KPM Management, Inc. with this payment.

All correspondence should be sent to PO Box 769, Ellenton, FL 34222.

Thank you.

Paul L. McClure October 22, 2015



October 27, 2015

PAUL L MCCLURE PO BOX 769 ELLENTON, FL 34222

SUBJECT: KPM MANAGEMENT, INC.

Ref. Number: W15000071094

We have received your document for KPM MANAGEMENT, INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the enclosed check for \$78.75 or a newly issued check with your corrected document.

Please return 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.

Letter Number: 815A00022702

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION

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

DTICLE IL DOLL	ICIDAL AFFICE		May Property	
<u>RTICLE II PRIN</u>	Principal street address		Mailing address, if different is:	
5750 FRENCH CREEK COURT		PO BC	PO BOX 769	
ELLENTON, FLORI	DA 34222	ELLEN	ITON, FLORIDA 34222	
TRTICLE III PURI The purpose for which	PROVIDE the corporation is organized is:	MANAGEMEN	T SERVICES ON A CONTRACT BAS	
O INDIVIDUALS A	ND BUSINESS ENTITIES			
				
		··············		
he number of shares of				
he number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS		PAUL L. MCCLURE-TREASURER	
he number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS	Name and Tit	PAUL L. MCCLURE-TREASURER PO BOX 769	
Name and Ti	of stock is:		ile:	
he number of shares of RTICLE V INIT OF Name and Time (Name and Time)	of stock is: 1,000 MAL OFFICERS AND/OR DIRECTORS REVIN B. MCCLURE- PRESIDENT PO BOX 769		PO BOX 769	
he number of shares of RTICLE V INIT. Name and Tit. Address	MAL OFFICERS AND/OR DIRECTORS KEVIN B. MCCLURE- PRESIDENT PO BOX 769 ELLENTON, FLORIDA 34222	Address:	PO BOX 769 ELLENTON, FLORIDA 34222	
he number of shares of RTICLE V INIT. Name and Tit Address Name and Tit	of stock is:	Address: Name and Tit	PO BOX 769 ELLENTON, FLORIDA 34222	
he number of shares of RTICLE V INIT. Name and Tit Address	of stock is: AL OFFICERS AND/OR DIRECTORS	Address: Name and Tit Address:	PO BOX 769 ELLENTON, FLORIDA 34222	
he number of shares of RTICLE V INIT. Name and Tit Address Name and Titl	of stock is:	Address: Name and Tit Address:	PO BOX 769 ELLENTON, FLORIDA 34222	
he number of shares of RTICLE V INIT. Name and Tit Address Name and Tit	of stock is: AL OFFICERS AND/OR DIRECTORS	Address: Name and Tit Address:	PO BOX 769 ELLENTON, FLORIDA 34222	
he number of shares of RTICLE V INIT. Name and Tit Address Name and Titl Address	of stock is: AL OFFICERS AND/OR DIRECTORS	Address: Name and Tit Address:	PO BOX 769 ELLENTON, FLORIDA 34222	

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered growt in	
Name:	PAUL L. MCCLURE	the registered agent is.	
	5750 FRENCH CREEK COURT		
	ELLENTON, FLORIDA 34222		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	PAUL L. MCCLURE		
Address:	PO BOX 769		
	ELLENTON, FLORIDA 34222		
Effective date, if (If an effective d days after the fil Note: If the date	ate is listed, the date must be specific and canno ling.)	. (OPTIONAL) t be more than five business days prior or 90 business statutory filing requirements, this date will not be listed as	
_	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity	
Youl	Inc Clure	10/21/15	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.	
Heul	Inc Clevre	10/21/15	
Requi	red Signature/Incorporator	Date	