

PI6000002078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

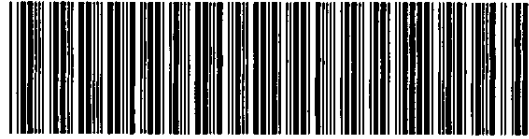
(Document Number)

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Special Instructions to Filing Officer:

1/11/16 per conversation w/  
Sammie Holmes correct  
Art I.  
KSP

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RETURNED CHECK

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15 DEC 31 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 31 2015

S. PRATHER

## COVER LETTER

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

**SUBJECT:** THE KING RAWSTIEN MANAGEMENT GROUP 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:** SAMMIE HOLMES

Name (Printed or typed)

PO BOX 697

Address

WEST PALM BEACH FL 33402

City, State & Zip

561 7021803

Daytime Telephone number

LMCHAPEL@AOL.COM

E-mail address: (to be used for future annual report notification)

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

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RETURNED CHECK

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: THE KING RAWSTIEN MANAGEMENT GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

505 FLAGER DRIVE

WEST PALM BEACH FL 33401

Mailing address, if different is:

PO BOX 697

WEST PALM BEACH FL 33402

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO DA ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SAMMIE HOLMES ( P-T-S)

Address PO BOX 697

WEST PALM BEACH FL 33401

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
JULIA A. ST. JOHN

**FILING CANCELLED  
RETURNED CHECK**

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: MICHEAL LUMBURY  
Address: 1 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33301

**ARTICLE VII INCORPORATOR**

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

Name: MICHEAL LUMBURY  
Address: 1 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33301

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TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/05/2016 (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*

\_\_\_\_\_  
Required Signature/Registered Agent

12/22/15  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

12/22/15  
Date