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(Requestor's Name)					
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(Ci	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
/Ři	usiness Entity Name)				
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Certified Copies	Certificates of Status				
					
Special Instructions to	Filing Officer:				
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COVER LETTER

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

SUBJECT: K &	& D CONCRETE, INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	d a check for:
□ \$70.4 Filing F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	: K & D CONCRETE, INC : Nar 750 MARLLO ROAD	ne (Printed or typed)	
	KISSIMMEE, FLORIDA 34744	Address	
	Cit	y, State & Zip	
	407-468-3694		
	Daytime	Telephone number	~
	GRACE@GRACEPCPA.COM		
	E-mail address: (to be us	sed for future annual report	notification)

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

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RTICLE I NAM.	ARTICLES OF INCO	/or Chapter 621, F.S. (Profit)	
ne name of the corpor	E K & D CONCRETE, INC ration shall be:		
RTICLE II PRIN		Mailing address, if different is:	05
50 MARLLO ROAE)		
SSIMMEE, FLOR	IDA 34744		
RTICLE III PURI ne purpose for which	POSE the corporation is organized is:	AWFUL PURPOSE	- -
			_
			_
			_
			-
			- - -
e number of shares o	of stock is:		- -
e number of shares o	of stock is: IAL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT	Name and Title:	- -
e number of shares o	of stock is: IAL OFFICERS AND/OR DIRECTORS Ide: T50 MARLLO ROAD		-
e number of shares of ETICLE V INITA Name and Tit	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744	Name and Title:	-
e number of shares of ETICLE V INITA Name and Tit	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY	Name and Title:Address:	-
e number of shares of strates of strategy of strates of strategy o	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY 750 MARLLO ROAD	Name and Title: Address: Name and Title:	
Name and Tit	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY 750 MARLLO ROAD	Name and Title:Address:	
REPORT OF Shares of REPORT OF SHARES	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY 750 MARLLO ROAD	Name and Title: Address: Name and Title: Address:	
Name and Titl Name and Titl Address	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744	Name and Title: Address: Name and Title: Address:	
Name and Titl Name and Titl Address	AL OFFICERS AND/OR DIRECTORS KATHLEEN GARNER, PRESIDENT 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744 DAVID GARNER, SECRETARY 750 MARLLO ROAD KISSIMMEE, FLORIDA 34744	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
		<u> </u>	
			
ARTICI E VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	KATHLEEN GARNER		
Address:	750 MARLLO ROAD		
	KISSIMMEE, FLORIDA 34744		
ADTICI E VII	INCORDODATOR		
AKTICIÆ VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
	KATHLEEN GARNER		
Name:			
Address:	750 MARLLO ROAD		
Audiess.			
ARTICLE VIII	I EFFECTIVE DATE: if other than the date of filing:	(ADTIANIAL)	
	e date is listed, the date must be specific and		e days prior or 90 business
days after the		cannot be indic than five busines	s days prior or 20 business
	······································		
	te inserted in this block does not meet the appli-		this date will not be listed as
the document's	effective date on the Department of State's rec	ords.	
Having been no	amed as registered agent to accept service of p	rocess for the above stated corpora	ution at the place designated in
this certificate,	I am familiar with and accept the appointment	as registered agent and agree to ac	ct in this capacity
1.	10 Ma.		1/22/11
x = x = ya	Thlein Sanner Required Signature/Registered Ager		1/02/14
•	Required Signature/Registered Ager	nt	Date
	ocument and affirm that the facts stated herei e Department of State constitutes a third degree		
1. 1/	/ M	- • •	
X P	alther Glemen	-	1122116
Red	uired Signature/Incorporator		Date