

P16000044361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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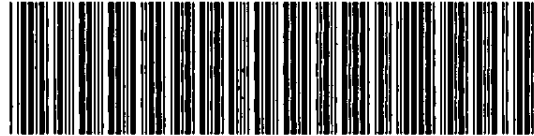
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

16 MAY 16 AM 10:17

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## COVER LETTER

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

SUBJECT: KP SURVEYING, 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: KEN PUFahl  
                    Name (Printed or typed)  
2802 W. CYPRESS AVE. SE  
                    Address  
FT. MYERS, FL. 33905  
                    City, State & Zip  
239 - 462 - 1901  
                    Daytime Telephone number  
KPSURV@COMCAST.NET  
                    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: KP SURVEYING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2802 W. CYPRESS AVE. SE  
FT. MYERS, FL. 33905

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LAND SURVEYING  
& MAPPING

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: KENNETH PUFahl Name and Title: \_\_\_\_\_

Address: 2802 W. CYPRESS AVE SE Address: \_\_\_\_\_  
FT. MYERS, FL. 33905

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

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

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

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

FILED  
18 MAY 16 AM 10:17  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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: KENNETH PUFahl

Address: 2802 W. CYPRESS AVE SE.  
FT. MYERS, FL. 33905

**ARTICLE VII INCORPORATOR**

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

Name: KENNETH PUFahl

Address: 2802 W. CYPRESS AVE. SE  
FT. MYERS, FL. 33905

**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*

Ken Pufahl  
Required Signature/Registered Agent

5/12/16  
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.*

Ken Pufahl  
Required Signature/Incorporator

5/12/16  
Date