# P16000052342

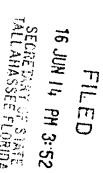
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
<u>.</u>					

Office Use Only



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06/14/16--01018--014\* \*\*70.00





#### **COVER LETTER**

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

SUBJECT:	K K L	DISTRIBUTION INC			
-	_	(PROPOSED CORPORA	TE NAME – MUST INCL	<u>UDE SUFFIX</u> )	
Enclosed are a	n orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70 Filing I		☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
			ADDITIONAL CO	DF1 REQUIRED	
FROM		MOTHY A HARTMAN			
TRON		Nam	e (Printed or typed)		
	120	OAK VIEW PLACE			
		Address			
	SA	NFORD, FL 32773			
		City, State & Zip			
	386	5-837- <b>75</b> 65			
		Daytime Telephone number			
	KA	RSEN24@YAHOO.COM			
		E-mail address: (to be use	ed for future annual report	notification)	

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

### FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
16 JUN 14 PM 3: 53

ARTICLE 1 NAME The name of the corpora		SECRE LARY THE S	TATE
ARTICLE II PRINC	CIPAL OFFICE	TALLAHASSEE FL	orin,
120 OAK VIEW PLAC	Principal street address	Mailing address, if different is: 120 OAK VIEW PLACE	
SANFORD, FL 32773		SANFORD, FL 32773	
ARTICLE III PURPO The purpose for which t	DISTRI he corporation is organized is:	BUTION .	
<u>article v initi</u> a	Stock is:  **LOFFICERS AND/OR DIRECTORS**  TIMOTHY A HARTMAN  120 OAK VIEW PLACE	Name and Title:	
Address	120 OAK VIEW PLACE	Address:	
	SANFORD, FL. 32773		
Name and Title		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	
		· ·	

## FILED

16 JUN 14 PM 3:53

name ar	ig tille:	Name and Title	SECRETARY OF STAIR
Address	s	Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
		<u>.                                    </u>	
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT accept	table) of the registered agent is	, S:
	TIMOTHY A HARTMAN	mine, or me region, or agent	
Name:	120 OAK VIEW PLACE	<del>_</del>	
Address:	SANFORD, FL 32773		
	SANFORD, PL 32773		
. D	INCORPOR (TOP		
	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	TIMOTHY A HARTMAN	· ·	
Address:	120 OAK VIEW PLACE		
	SANFORD, FL 32773	-	
		<del></del>	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing:	, (OPTI	ONAL)
(If an effective days after the f	date is listed, the date must be specific and filing.)	d cannot be more than five	business days prior or 90 p usiness
	te inserted in this block does not meet the app		rements, this date will not be listed as
the document's	effective date on the Department of State's r	ecords.	
	nmed as registered agent to accept service of I am familia <u>r with and accept the</u> appointme		
			06-07-2016
X	Required Signature/Registered Ag	gent	Date
I submit this de	ocument and affirm that the facts stated her	rein are true. I am aware the	at the false information submitted in
document to the	Department of State constitutes a third degi	ree felony as provided for in s	s.817.155, F.Š.
· /			06-07-2016
Req	uired Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date