

P16000062251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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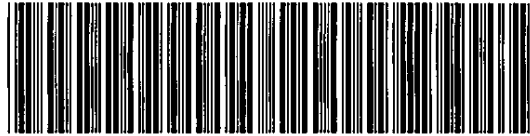
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 JUL 20 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KB Marketing and Design, 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: Kellen Tichenor

Name (Printed or typed)

30102 Cheval St

Address

Mount Dora, FL 32757

City, State & Zip

240-210-5722

Daytime Telephone number

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

KB Marketing and Design, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
30102 Cheval St
Mount Dora, FL 32757

Mailing address, if different is:

ARTICLE III PURPOSE

to provide marketing design, advertisement and website development
The purpose for which the corporation is organized is:
services to local and national businesses and individuals. KB Marketing and Designs, Inc. will provide original artwork,
templates and designs for sale and use to customers.

ARTICLE IV SHARES

100
The number of shares of stock is:

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kellen Tichenor (President)

Address: 30102 Cheval St
Mount Dora, FL 32757

Name and Title: Brian Shrewsbury (Vice President)

Address: 30103 Losino Cove
Mount Dora, FL 32757

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Abby Tichenor

Address: 30102 Cheval St

Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

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

Name: Abby Tichenor

Address: 30102 Cheval St

Mount Dora, FL 32757

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE: June 29, 2016

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

Abby Tichenor
Required Signature/Registered Agent

6/29/16
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.

Abby Tichenor
Required Signature/Incorporator

6/29/16
Date