

P17000033319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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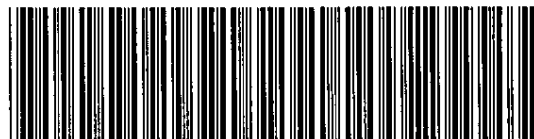
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 11 PM 10:40

FILED

04/11/17--01029--011 **78.75

APR 12 2017
C Kinsey

COVER LETTER

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

SUBJECT: KM HOME AND BUILDING SERVICES, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GABRIEL BARTICE
Name (Printed or typed)
10372 NW 46 TERRACE
Address
DORAL, FL 33178
City, State & Zip
786-488-9949
Daytime Telephone number
GABBARTICE@YAHOO.COM
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: KM HOME AND BUILDING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7200 WEST 10 COURT APT 35

HIALEAH, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A COMPANY THAT PROVIDES PRESSURE CLEANING
FOR DRIVEWAYS, ROOFS, ETC. ROOFING AND ELECTRICAL SERVICES FOR COMMERCIAL AND
RESIDENTIAL CUSTOMERS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREL MAQUEIRA

Name and Title: PRESIDENT

Address: 7200 WEST 10 COURT APT 35

Address: _____

HIALEAH, FL 33014

Name and Title: GABRIEL BARTICE

Name and Title: VICE PRESIDENT

Address: 10372 NW 46 TERRACE

Address: _____

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2017 APR 11 PM 10:40
SECRETARY OF STATE
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: GABRIEL BARTICE
Address: 10372 NW 46 TERRACE
DORAL, FL 33178

ARTICLE VII INCORPORATOR

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

Name: KAREL MAQUEIRA
Address: 7200 WEST 10 COURT APT 35
HIALEAH, FL 33014

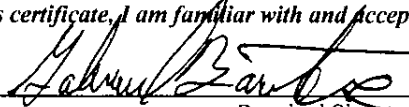
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

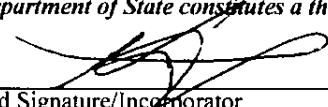
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
4-10-17
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
4-10-17
Date