Division of Corporations Electronic Filing Cover Sheet

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(((H17000183853 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for future . annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION
Stephen D Kidwell Sr PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu D O'KEEFFelp

JUL 1 4 2017

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ine name of the corpora	Stephen D Kidwell Sr PA		
ARTICLE II PRINC	<u>CIPAL, OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
1283 Tift St		РО ВОХ	381102
Port Charlotte, FL 339:		Murdock	, FL 33938
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	te Broker or Sales	
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHARI	<u>ES</u> 100		
The number of shares of	stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	Stephen D Kidwell Sr President	Name and Title:	
Address	PO BOX 381102	Address:	
	Murdock, FL 33938		
			
			
Name and Title:		Name and Title:	<u> </u>
Address		Address:	
			
			·
			<u></u> .
		Name and Title:	
Address		Address:	

From Lindsay Swetavage 1.941.625.1526 Thu Jul 13 14:25:54 2017 MDT Page 3 of 3

Name ar	nd Title:	Name and Title:	
Address	<u> </u>	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Stephen D Kidwell Sr	e) of the registered agent is:	
Address:	1283 Tift St		
Aduress.	Port Charlone, FL 33952		
ARTICI E VII	INCORPORATOR		4
	ddress of the Incorporator is:		<u> </u>
•	Stephen D Kidwell Sr		; - - 3
Name:	PO BOX 381102	_	2.8
Address:	Murdock, FL 33938		: : (2)
			
Effective date, it	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and ex	. (OPTIONA innot be more than five days	
Note: If the dat	o inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements.	nts, this date will not be listed as
Having been nu this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corp s registered agent and agree to	oration at the place designated in act in this capacity
	Station Kidwell		7/13/17 -
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the felony as provided for in s.817.	false information submitted in a 155, F.S.
	States Kilingli		7/13/17
Requ	arred Signature/Incorporator		Date