

P1800001673A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

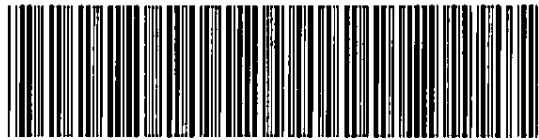
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: KING'S FURNITURE & MATTRESS CO., 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: King's Furniture & Mattress Co., Inc.
Name (Printed or typed)
603 Fourth Street
Address
Destin, FL 32541
City, State & Zip
850-673-1228
Daytime Telephone number
kking1203@live.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: King's Furniture & Mattress Co., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

331 Harbor Blvd.

603 Fourth Street

Destin, FL 32541

Destin, FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ Par Value \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kennith E. King, II, President

Name and Title: _____

Address 603 Fourth Street

Address: _____

Destin, FL 32541

Name and Title: Adriana King, Vice-president

Name and Title: _____

Address 603 Fourth Street

Address: _____

Destin, FL 32541

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Kenneth E. King, II _____

Address: 603 Fourth Street _____

Destin, FL 32541 _____

ARTICLE VII INCORPORATOR

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

Name: Kenneth E. King, II _____

Address: 603 Fourth Street _____

Destin, FL 32541 _____

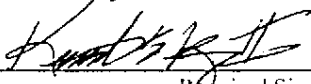
ARTICLE VIII EFFECTIVE DATE:

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

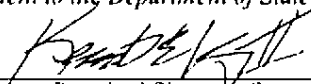


Required Signature/Registered Agent

2.21.18

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

2.21.18

Date