

P1800070296

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☐ PICK-UP

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AUG 16 2018

T. SCOTT



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2018 AUG 15 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

KATHERINE P. REID
1980 N. A1A AVENUE, STE #131
COCOA BEACH, FL 32931

SUBJECT: KITCHEN APPLIANCES TEXTILES, INC.
Ref. Number: W18000054925

We have received your document for KITCHEN APPLIANCES TEXTILES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00012269

COVER LETTER

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

KITCHEN APPLIANCES TEXTILES, INC

SUBJECT: _____
(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: *KATHRINE PATRICIA REID*
Name (Printed or typed)

1980 N. A1A Avenue, Ste #131

Address

Cocoa Beach, FL 32931

City, State & Zip

(321) 987-3427

Daytime Telephone number

fingerslips001@gmail.com
Email address: (to be used for future annual report notification)

FINGERSLIPS001@gmail.com

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: KITCHEN APPLANCES TEXTILES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1980 North A1A, Ste. #131

Cocoa Beach, FL 32931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to begin an initial trial date for the running of a marketing and sales business for three months to one year.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares to date. (100)

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHRINE PATRICIA REID

Name and Title: _____

Address 1980 N A1A, Ste. #131

Address: _____

COCOA BCH, FL 32931

TITLE: DIRECTOR

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: n/a

Name and Title: n/a

Address _____

Address: _____

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2010 AUG 15 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: n/a Name and Title: n/a
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: KATHRINE REID
Address: 240 BONNIE COURT
SATELLITE BEACH, FL 32937

ARTICLE VII INCORPORATOR

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

Name: KATHRINE PATRICIA REID
Address: 240 Bonnie Court
Satellite Beach, FL 32937

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/21/2018 (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

Kathrine Reid 5/25/2018
Required Signature/Registered Agent 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.

Kathrine Reid 5/25/2018
Required Signature/Incorporator Date