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(Red	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2018

SHERRIE JARNUTOWSKI 12192 BEACH BLVD #10 JACKSONVILLE, FL 32246

SUBJECT: KINGDOM MANAGEMENT 2 CORPORATION

Ref. Number: W18000094041

We have received your document for KINGDOM MANAGEMENT 2 CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one set of articles required,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 018A00021972

Please process the enclosed Articles.

COVER LETTER

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

SUBJECT: Kin	gdom Managem PROPOSED CORPORA	ent 2 Corpu	pration
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	Name	. (
12	192 Beach B	Boulevard :	¥ / 0
	Vacksonville City.	FZ 3224 \$tate & Zip	6
	(904)646-21 Daytime T	Le 2 (6 elephone number	
Δ.	rs Je Kingdom o E-mail address: (to be used	nanagement, d for future annual report r	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)

92 Beach Bonlevard #10 Ksonville, FZ 32246	news. if different is:
192 Beach Bowlevard #10 *Ksonville, F2 32246 *CLEIN PURPOSE urpose for which the corporation is organized is: Property Manager	nent
Ksonville, FZ 32246	nent
·	nent
CLE III PURPOSE purpose for which the corporation is organized is:	nent
	<u> </u>
	90 - वर् ग स्थान स्टार्
CICLE IV SHARES	Ç.
Name and Title: President / Treasurer Name and Title: Vice-	resident Sec
	Beach Boule
# ₁₀	
	ionville, FL 3
Jacksonville, Fr. 3224c Jacks	imville, F. 3
Name and Title: Name and Title: Name and Title:	ionville, Fr. 3
Jacksonville, Fr. 3224c Jacks	ionville, F2 3
Name and Title: Name and Title: Name and Title:	imville, F2 3
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Name and Title: Address Address: Name and Title: Address:	ionville, FZ 3
Name and Title: Name and Title: Name and Title:	ionville, FL 3

Name and T	itle:	Name and Title:	
Address		Address:	
ARTICLE VI REC	GISTERED AGENT da street address (P.O. Box NOT ac	eceptable) of the registered agent is:	
	Sherrie Jarmutou	•	
	2192 Beach Blue		
7	lacksonville, Fr. 32	2246	
ARTICLE VII INC	<u>CORPORATOR</u>		
The name and addre	ess of the Incorporator is:		
Name:	Sherrie Varnut	toras Ki	
Address:	12192 Beace Bl	ud #10	
	Jacksonville, F	32246	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FECTIVE DATE: or than the date of filing:/O - is listed, the date must be specific	_ 18 - 18 (OPTION and cannot be more than five day	IAL) ys prior or 90 days after the
Note: If the date inso the document's effect	erted in this block does not meet the tive date on the Department of State	applicable statutory filing requirem 's records.	nents, this date will not be listed as
Having been named this certificate, I am f	as registered agent to accept service familiar with and accept the appoint	of process for the above stated coment as registered agent and agree	rporation at the place designated in to act in this capacity
	erre Jameto	ustri	_/o - /8 - /8
	Required Signature/Registered	Agent	Date
I submit this docume document to the Depo	ent and affirm that the facts stated in cartment of State constitutes a third d	herein are true. I am aware that t legree felony as provided for in s.81	he false information submitted in a 7.155, F.S.
Sh	Signature/Incorporator	ish	10 - 18 - 18
Required	Signature/Incorporator		Date