

Not

P19000054963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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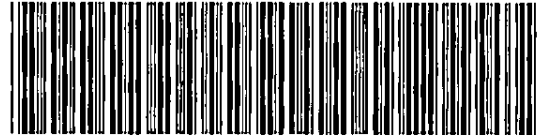
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL -1 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

N. SAMS

JUL 15 2019

COVER LETTER

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

SUBJECT: KC'S - Plumbing & Karl's Maintenance  
(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: Karl Chalkley  
Name (Printed or typed)

10959 184th Street  
Address

Mcalpin FL 32062  
City, State & Zip

904-263-6921  
Daytime Telephone number

KarlChalkley51@gmail.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: KC'S Plumbing & Karls maintenance Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10959 184th street

MCALPIN FL 32062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit Professional Corp.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karl Chalkley Pres

Name and Title: Karl C Chalkley V.P

Address 10959 184th street

Address: 10959 184th

MCALPIN FL 32062

MCALPIN FL 32062

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Karl Chalkley  
Address: 10959 184th Street  
MCPAIN FL 32062

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: KARL CHALKLEY

Name: ~~KC'S Plumbing & Maintenance~~  
Address: 10959 184th Street  
MCPAIN FL 32062

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-28-19 (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*

K. Chalkley  
Required Signature/Registered Agent

6-28-19  
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.*

K. Chalkley  
Required Signature/Incorporator

6-28-19  
Date