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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

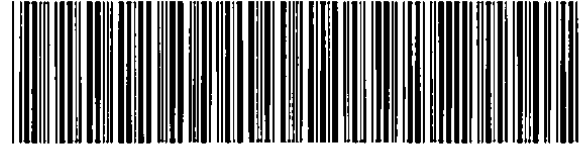
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J DENNIS

JUL 25 2019



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19 JUL 11 AM 8:11

## COVER LETTER

19 JUL 11 AM 3:11

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

**SUBJECT:** THE KENSINGTON CONSULT COMPANY  
(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: DARREN D. LYDTING  
\_\_\_\_\_  
Name (Printed or typed)

1385 50TH AVENUE NE  
\_\_\_\_\_  
Address

SAINT PETERSBURG, FL 33703  
\_\_\_\_\_  
City, State & Zip

954-647-6420  
\_\_\_\_\_  
Daytime Telephone number

TheKenConsult@yahoo.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)

19 JUL 11 8:11 PM

**ARTICLE I NAME**

The name of the corporation shall be: THE KENSINGTON CONSULT COMPANY

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1385 50TH AVENUE NE

SAINT PETERSBURG, FL 33703

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR A PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DARREN D LYDTING / DIRECTOR

Address: 1385 50TH AVENUE NE

SAINT PETERSBURG, FL 33703

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

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

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

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

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

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

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

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

Address \_\_\_\_\_

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DARREN D. LYDTING

Address: 1385 50TH AVENUE NE

SAINT PETERSBURG, FO 33703

**ARTICLE VII INCORPORATOR**

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

Name: DARREN D. LYDTING

Address: 1385 50TH AVENUE NE

SAINT PETERSBURG, FL 33703

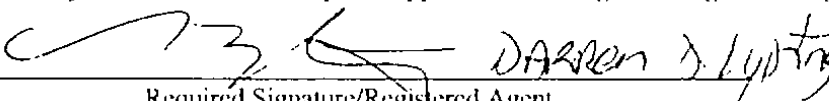
**ARTICLE VIII EFFECTIVE DATE:**

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.)

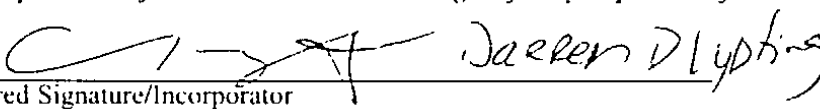
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7/8/19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

7/9/19  
Date