

10/8/2019

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KG LEGAL SERVICES, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: KG LEGAL SERVICES, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

27 NE 94th Street

Miami Shores, Florida 33138

Mailing address, if different is:

27 NE 94th Street

Miami Shores, Florida 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The professional service corporation is formed to engage

in every phase and aspect of the practice of law. In addition, the corporation may invest funds of the professional

service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal

property necessary for the rendering of professional services. The purpose of this corporation shall be carried out only through

officers, employees, agents, each of whom is licensed or otherwise legally qualified to render professional legal services

in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristine George, President & Director

Address: 27 NE 94th Street

Miami Shores, Florida 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
MIAMI ASSOCIATED FIDELITY

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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: Thomas G. Sherman, P.A.
Address: 90 Almeria Avenue
Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas G. Sherman, P.A.
Address: 90 Almeria Avenue
Coral Gables, Florida 33134

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
October 4, 2019
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
October 4, 2019
Date