

P2000022494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

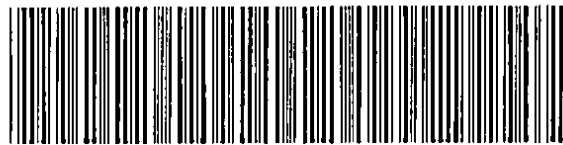
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 13 09:11:35

J. FASON

MAR 16 2020

STATE
CLERK

2020 MAR 13 AM 7:35

FILED



Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Kingdom 360

Requester: Ameerah Adejola

COVER LETTER

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

SUBJECT: Kingdom 360, Inc
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Henry Rubin
Name (Printed or typed)

12544 Hammock Pointe Circle
Address

Clermont, FL 34711
City, State & Zip

954-534-1690
Daytime Telephone number

kargabpar@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: Kingdom 360, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

12544 Hammock Pointe Circle
Clermont, FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful
business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Rubin (Pres)

Address: 12544 Hammock Pointe Cir
Clermont, FL 34711

Name and Title: Kareen Wedderburn (V.P)

Address: 12544 Hammock Pointe Cir
Clermont, FL 34711

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Henry Rubin
Address: 12544 Hammock Pointe Circle
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Henry Rubin
Address: 12544 Hammock Pointe Circle
Clermont, FL 34711

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/13/20 (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

Henry Rubin
Required Signature/Registered Agent

3/13/20
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.

Henry Rubin
Required Signature/Incorporator

Date 3/13/20