

6/18/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000187248 3)))



H200001872483ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

2020 JUN 19 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**KnC Delivery Inc.**

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

2020 JUN 19 AM 8:31

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

JUN 20 2020

((H20000187248 3)))

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: KnC Delivery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9651 Castle Point Dr Unit 1323

9651 Castle Point Dr Unit 1323

Sarasota, FL, 34238

Sarasota, FL, 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clark Brown, President

Name and Title: Kim Brown, Secretary

Address: 9651 Castle Point Dr Unit 1323

Address: 9651 Castle Point Dr Unit 1323

Sarasota, FL, 34238

Sarasota, FL, 34238

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED  
2020 JUN 19 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H20000187248 3)))

((H20000187248 3)))

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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS BLVD STE 400

FORT MYERS, FL, 33907

**ARTICLE VII INCORPORATOR**

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

Name: Anna Manukyan

Address: 10601 Clarence Dr Ste 250

Frisco, TX, 75033

FILED  
2020 JUN 19 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

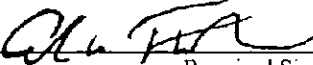
**ARTICLE VIII EFFECTIVE DATE:**

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

6/18/2020

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

6/18/2020

Date

((H20000187248 3)))