

P21000042751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

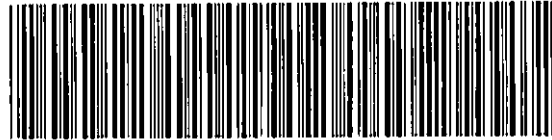
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

5/10/21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KSBROTHERS INC

Signature _____

Requested by: SETH

05/07/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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TALLAHASSEE, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Courier _____

COVER LETTER

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

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21 MAY 10 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314

SUBJECT: KSBROTHERS 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: OLHA MORMUL
Name (Printed or typed)
100 VILLAGE GREEN DR SUITE 220
Address
LINCOLNSHIRE IL 60069
City, State & Zip
6304404975
Daytime Telephone number
ADMIN@PBM-CONSULTING.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: KSBROTHERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3930 S ROOSEVELT BLVD APT 210S

KEY WEST FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annamuhammet Annamammedov, Pres

Name and Title: _____

Address 3930 S ROOSEVELT BLVD APT 210S

Address: _____

KEY WEST FL 33040

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL 32399

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: ANNAMUHAMMET ANNAMUHAMMEDOV
Address: 3930 S ROOSEVELT BLVD APT 210S
KEY WEST FL 33040

ARTICLE VII INCORPORATOR

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

Name: ANNAMUHAMMET ANNAMUHAMMEDOV
Address: 3930 S ROOSEVELT BLVD APT 210S
KEY WEST FL 33040

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TALLAHASSEE, FLORIDA

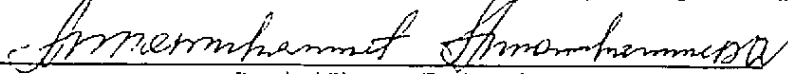
ARTICLE VIII EFFECTIVE DATE:

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.)

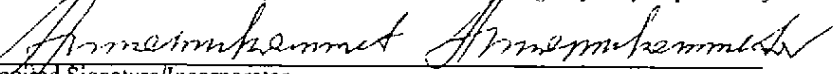
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/07/21
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

05/07/2021
Date