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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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
KING INSURANCE HOLDINGS FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

21 JUL -7 AM 8:45

2021 JUL -7 PM 4:39

J DENNIS

JUL 08 2021

COVER LETTER

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

SUBJECT: King Insurance Holdings Florida, 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: Malcolm C. King, Jr.
Name (Printed or typed)

2321 41st. Street Suite B
Address

Gainesville, FL, 32606
City, State & Zip

(352) 328-0905
Daytime Telephone number

chad@king-insurance.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 NAMEThe name of the corporation shall be: King Insurance Holdings Florida, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2321 NW 41St., Suite B, Gainesville,FL, 32606**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: holding company for stock and membership interest.**ARTICLE IV SHARES**The number of shares of stock is: 100 shares for the corporation**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Malcolm C. King, Jr. - Sole Director

Name and Title: _____

Address 2321 NW 21St. Street Suite B

Address: _____

Gainesville, FL, 32606

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

21 JUL - 7
4:30 PM

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: Malcolm C. King, Jr.
Address: 2321 NW 41St. Street Suite B
Gainesville, FL, 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Malcolm C. King, Jr.
Address: 2321 NW 41St. Street Suite B
Gainesville, FL, 32606

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

/s/ Malcolm C. King, Jr. 7/7/2021
Required Signature/Registered Agent 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.

/s/ Malcolm C. King, Jr. 7/7/2021
Required Signature/Incorporator Date