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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210900160 AMOUNT: 70.00

AUTHORIZATION SIGNATURE: _____

Kilo Turkey Lake, Inc.

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles of Organization

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

X CORP

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ **Dissolution/Withdrawal**

___ Merger

___ **Conversion**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Statement of Revocation of Dissolution

___ Other

EXAMINER'S INITIALS: _____

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: Kilo Turkey Lake, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5728 Major Blvd., Suite 510

Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Investing

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brendon Brown Director

Name and Title: _____

Address 5728 Major Blvd., Suite 510

Address: _____

Orlando, FL 32918

Name and Title: Kevin Harris Director

Name and Title: _____

Address 5728 Major Blvd., Suite 510

Address: _____

Orlando, FL 32819

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: Baldwin Accounting, CPA, P.A.
Address: 5728 Major Blvd., Suite 510
Orlando, FL 33410

ARTICLE VII INCORPORATOR

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

Name: Adrian Brion on behalf of The National Incorporation Network Inc.
Address: 4440 PGA Blvd., Suite 308
Palm Beach Gardens, FL 33410

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

Todd Baldwin
Required Signature/Registered Agent

02/23/2022
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.

Adrian Brion
Required Signature/Incorporator

02/23/2022
Date