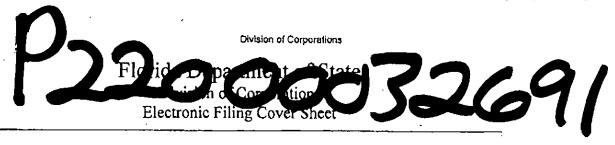
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· (((H22000158501 3)))



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Division of Corporations

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From:

Account Name

: ALLSTATE CORPORATE SERVICES CORP

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## FLORIDA PROFIT/NON PROFIT CORPORATION KMC RENTALS CORP.

Certificate of Status	1
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Page Count	03
Estimated Charge	\$78.75

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MAY - 3 2022

(((H220001585013)))

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME the name of the corporate	ion shall be: KMC RENTALS CORP.		\$ .	
8 WHITE HORSE L	Principal <u>street</u> address ANE	8 WH[]	Mailing address, if different is:	- -
PALM COAST, FL	32164	_PALM	COAST, FL 32164	
RTICLE III PURPO he purpose for which th	ne corporation is organized is:			
		<u></u>	ALL ALL	2022
·			いたい	MAY -2
			of s	A
RTICLE IV SHARE he number of shares of s	<u>ES</u>		IAIE ORID <i>i</i>	0: 40
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		MAREY CLARY A MICO OR	.00(0)
Name and Title. Address	8 WHITE HORSE LANE	_ Name and Title _ Address:	MAREK CIAPKA - VICE PP	ESIDE
71001035	PALM COAST, FL 32164	_ Address:	PALM COAST, FL 32164	
Name and Title:		Name and Title	-	
Address		_ Address:		
		_		
Name and Title:		_ Name and Title	:	
Address		_ Address:		

Name and Title:		Name and Title:			
Address		Address:	-		
		<u> </u>	-		
			•		
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	KAROLINA CIAPKA	<u> </u>			
Address:	8 WHITE HORSE LANE				
	PALM COAST, FL 32164				
ARTICLE VII	INCORPORATOR	SECRETALLAHA			
The name and address of the Incorporator is:		RMAY -2 CRETARY LAHASSER	<u> </u>		
Name:	KAROLINA CIAPKA	<del></del>			
Address:	8 WHITE HORSE LANE				
	PALM COAST, FL 32164	ORIO.	` <b>.</b>		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the			
Note: If the date the document's	e inserted in this block does not meet the appleffective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed a cords.	s		
Having been na certificate, I am	med as registered ayent to accept service of pro familiar with and accept the appointment as re	ocess for the above stated corporation at the place designated in the glace designated in the egistered agent and agree to act in this capacity	ils		
Karolina	Ciapka	04/29/2022	_		
	Required Signature/Registered Ager	t Date	•		
I submit this do document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.	а		
Karolina	Ciapka ure/Incorporator	04/29/2022			
Required Signat	ure/Incorporator	Date	•		