

5/2/22, 2:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

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JALAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
JALAHASSEE, FLORIDA

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

Certificate of Status	1
Certified Copy	0
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D. O'KEEFE

MAY - 3 2022

(((H22000158501 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: KMC RENTALS CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address8 WHITE HORSE LANEPALM COAST, FL 32164

Mailing address, if different is:

8 WHITE HORSE LANEPALM COAST, FL 32164**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KAROLINA CIAPKA - PRESIDENTAddress: 8 WHITE HORSE LANEPALM COAST, FL 32164Name and Title: MAREK CIAPKA - VICE PRESIDENTAddress: 8 WHITE HORSE LANEPALM COAST, FL 32164

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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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: KAROLINA CIAPKA  
 Address: 8 WHITE HORSE LANE  
PALM COAST, FL 32164

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KAROLINA CIAPKA  
 Address: 8 WHITE HORSE LANE  
PALM COAST, FL 32164

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**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*

Karolina Ciapka

Required Signature/Registered Agent

04/29/2022

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.*

Karolina Ciapka

Required Signature/Incorporator

04/29/2022

Date