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022 OCT 28 PH

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/28/22

NAME: KING RIDGEMARK, INC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

TICIEII DDINC					
	<i>IPAL OFFICE</i> Principal <u>street</u> add		Mailing addre	Mailing address, if different is:	
75 BAYSHORE DR.					
MINOLE, FL 33772-7	/108				
TICLE III PURPO purpose for which the		ganized is:		22 0	
VESTMENTS AND	OTHER LEGAL	PURPOSES.		0 CT 28	
				AH 10: 25	
				25	
TICLE IV SHARE					
TICLE IV SHARE number of shares of s					
number of shares of	stock is: 100	D/OR DIRECTORS			
number of shares of s	stock is: 100		Name and Title:		
number of shares	stock is: 100 L OFFICERS AND John Wynn	, President			
number of shares of s	L OFFICERS AND John Wynn 5775 BAYSHOR	, President	Name and Title: Address:		
number of shares	stock is: 100 L OFFICERS AND John Wynn	, President			
number of shares	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 9772-7108	Address:		
number of shares	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 9772-7108			
number of shares	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 9772-7108	Address: Name and Title:		
Name and Title:	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 3772-7108	Address: Name and Title:		
Name and Title: Address	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 3772-7108	Address: Name and Title: Address:		
Name and Title: Address	L OFFICERS AND John Wynn 5775 BAYSHOR Seminole, FL 33	, President RE DR. 3772-7108	Address: Name and Title:		

Name a	nd Title:	Name and Title:		
Addres	.s	Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:		
Name:	Paracorp Incorporated		DIVIS 22 0	
Address:	155 Office Plaza Drive, 1st Floor			
radiess.	Tallahassee, FL 32301		TARY OF COR	
ARTICLE VII	INCORPORATOR		OF STATE	
The <u>name</u> and a	address of the Incorporator is:		ATE ATTORS 25	
Name:	Frances Severe			
Address:	2804 Gateway Oaks Drive #100			
	Sacramento, CA 95833	<u> </u>		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	(OPTIONAL) nnot be more than five days prior or 90 c	lays after the	
	e inserted in this block does not meet the applicate of the date on the Department of State's reconstruction.		vill not be listed as	
Having been na this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corporation at the s registered agent and agree to act in this ca	place designated in pacity	
Jody Mara Asst. Secretary Required Signature/Registered Agent		10/27	10/27/2022	
			Date	
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false inform felony as provided for in s.817.155, F.S.	ation submitted in a	
1		10/27/	2022	
Requ	ired Signature/Incorporator		Date	