P23000018807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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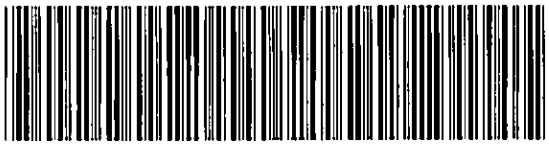

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CORPORATIONS
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 13 2023

COVER LETTER

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

SUBJECT: KLM 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 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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2023 MAR 13 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Laurie Kelly
Name (Printed or typed)

2512 Shadowwood Dr
Address

Tallahassee Florida 32305
City, State & Zip

850-284-3131
Daytime Telephone number

lovelylaurie63@yahoo.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 NAME

The name of the corporation shall be: KLM Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2512 Shadowwood Dr
Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Improvement

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laurie Kelly D

Address: 2512 Shadowwood Dr
Tallahassee, FL
32305

Name and Title:

Address:

Name and Title: Mark Kelly D

Address: 2512 Shadowwood Dr
Tallahassee Florida
32305

Name and Title:

Address:

Name and Title:

Address:

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: Laurie Kelly

Address: 2512 Shadowwood Dr.
Tallahassee FL. 32305

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2023 MAR 13 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laurie Kelly

Address: 2512 Shadowwood Dr.
Tallahassee, FL. 32305

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

Laurie Kelly _____ 3/10/23
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.

Laurie Kelly _____ 3/10/23
Required Signature: Incorporator Date