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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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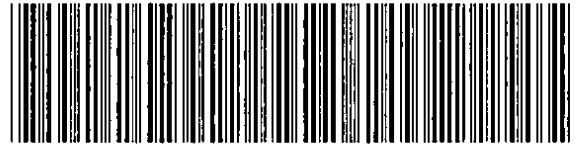
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 14 AM 8:21
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: KC Specialty Services, 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

FROM: Kenneth G. Charron
Name (Printed or typed)

2502 Highsmith Landing Ln.
Address

Jacksonville, FL 32226
City, State & Zip

904-379-0766
Daytime Telephone number

kgcharron-fl@netzero.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: KC Specialty Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2502 Highsmith Landing Ln.
Jacksonville, FL 32226

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing transportation-related
services and any other lawful services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Charon, President & Secretary Name and Title: _____
Address: 2502 Highsmith Landing Ln. Address: _____
Jacksonville, FL 32226

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: Kenneth Charron

Address: 2502 Highsmith Landing Ln.
Jacksonville, FL 32226

ARTICLE VII INCORPORATOR

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

Name: Kenneth Charron

Address: 2502 Highsmith Landing Ln.
Jacksonville, FL 32226

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 30, 2023 (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

[Signature]
Required Signature/Registered Agent

June 6, 2023
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.

[Signature]
Required Signature/Incorporator

June 6, 2023
Date

DEPARTMENT OF STATE
JACKSONVILLE, FL

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