

P24000040889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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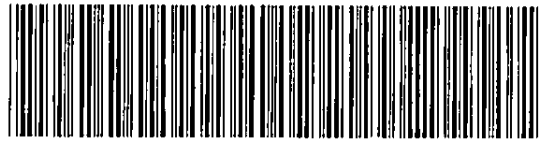
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUN 17 AM 9:47  
TALLAHASSEE, FL  
STATE

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2024 JUN 17 PM 1:56  
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## COVER LETTER

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

SUBJECT: AKG Renovations 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: Hunter Green  
Name (Printed or typed)

30 homestretch lane  
Address

crawfordville FL 32327  
City, State & Zip

850 901 5404  
Daytime Telephone number

Hunter.a.Green9999@Icbud.com  
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 JUN 17 AM 9:47

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**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: HKG Renovations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
30 homestretch lane  
Crawfordville FL  
32327

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Construction/Installation/  
Renovations

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hunter Green president  
Address: 30 homestretch lane  
Crawfordville FL  
32327

Name and Title: Kristina Davis vice president  
Address: 30 home stretch lane  
Crawfordville FL  
32327

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

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

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

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

**FILED**  
2020 JUN 7 AM 9:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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: ~~XXXX~~ Hunter Green

Address: 30 home stretch lane  
crawfordville FL  
32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ~~XXXX~~ Hunter Green

Address: 30 home stretch lane  
crawfordville FL  
32327

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-17-2024 (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*

  
Required Signature/Registered Agent

6-17-2024  
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.*

  
Required Signature/Incorporator

6-17-2024  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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