

PL4000041228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

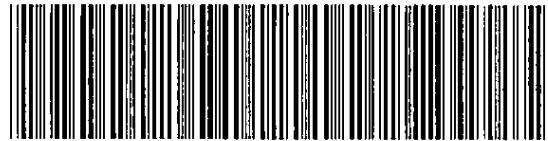
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/19/24--01002--002

2024 JUN 13 MON 10:13 AM

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2024 JUN 18 PM 3:47
SEONE LAM, CHIEF OF STATE
FALL ADMINISTRATION, FLORIDA

COVER LETTER

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

SUBJECT: KAB management Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE INC.)

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: Tashana Riley
Name (Printed or typed)

175 Main Street Unit 5223
Address

Destin florida 32541
City, State & Zip

850376 9937
Daytime Telephone number

tashana_riley@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: KAB Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
175 Main Street Unit
5223 Destin Florida
32541

Mailing address, if different is:
175 Main Street
Unit 5223 Destin Florida
32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To manage ^{in day} day operations
and ensuring that investors money is managed
properly

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tashana Riley
Address: 160 Mattie M
Kelly Unit 6207
Destin Fl 32541

~~President~~ President
Name and Title: GEO Tashana Riley
Address: 160 Mattie M
Kelly Unit 6207
Destin Fl. 32541

Name and Title: Nickolas King
Address: 4151 Common
Drive West Apt
5223 Destin Fl 32541

Name and Title: Vice President
Address:

Name and Title: Kylie Bonner
Address: 160 Mattie M
Kelly Unit 6207
Destin Fl 32541

Name and Title: Treasurer
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: Tashana Riley

Address: 160 Mattie M Kelly
Unit 6207 Destin FL 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tashana Riley

Address: 160 Mattie M Kelly
Unit 6207 Destin FL 32541

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.

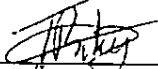
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/17/2024
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

06/17/2024
Date