P2400001789

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COVER LETTER

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

KINGDOMSIS, INC.				
SUBJECT:	SUBJECT:(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	1
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	2024 NOV
		ADDITIONAL CO	ST REQUIRED ST.	-4 AH
FROM:		VIS T WILSON, JR	FL FL	9: 47
		e (Printed or typed) SILVER SPRINGS BLVD,	BLDG 100	
		Address		
	OCALA, I	FLORIDA 34475		
	City	, State & Zip		
	352-	888 - 2311		
	Daytime 1	Telephone number	<u> </u>	
		KINGDOMSIS.COM		
	E-mail address: (to be use	ed 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 The name of the	<i>NAME</i> comoratio	on shall be:	KINGDOMSIS,	INC.			
ARTICLE II 3001 W. SIL	<i>PRINCI</i> P VER SF	-	BLDG 100	M	ailing address, if o	different is:	<u> </u>
ARTICLE III The purpose for	PURPOS which the	<u>SE</u> e corporation is org	anized is: ANY	AND ALL LAWFUL	BUSINESS		
						2024 NOV	
ARTICLE IV The number of sl			00			AHASSEE, FL	
	and Title:	FULTON LEWI 3001 W SILVER OCALA, FLORIE	S T. WILSON, JI R SPRINGS BLV	R Name and Title: D, BLDG 100 Address:	CHM & CEO		
Name ai Addres			SPRINGS BLV	Name and Title:_ D, BLDG 100 Address:	EXE V.P. & [DIRECTOR	
Name a		LYNDA MCCLE		Name and Title:_ VD, BLDG 100 Address:	DIRECTOR		
	-	OCALA, FLORI	DA 34475				

Name and	d Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT		
•	orida street address (P.O. Box NOT acceptable) FULTON LEWIS T. WILSON, JR.	of the registered agent is:	
Name:			
Address:	3001 W. SILVER SPRINGS BLVD, BLD	OG 100 —	~
	OCALA, FLORIDA 34475		024.7 TA
			OV I
ARTICLE VII	INCORPORATOR		至 4
The name and ac	Idress of the Incorporator is:		SSECTION AND TO
Name:	FULTON LEWIS T. WILSON, JR.	<u>. </u>	STI STI
Address:	3001 W. SILVER SPRINGS BLVD, E	BLDG 100	THE 5
	OCALA, FLORIDA 34475		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL)	. 00 dans -6 - 4 th
filing.)	late is listed, the date must be specific and can	not be more than five days prior of	90 days after the
	inserted in this block does not meet the applicab ffective date on the Department of State's record		date will not be listed as
Having been have certificate, I am f	ned as registered agent to accept service of process familiar with and accept the appointment as regist	s for the above stated corporation at the tered agent and agree to act in this ca	e place designated in this pacity
- TULDUM /	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein at Department of State constitutes a third degree felo		
Required Signal	ire/neopporator		
Toquired Signatu	a discorporator	Date	



NOV. 1, 2024

ADDRESS:

3001 W. SILVER SPRINGS BLVD, BLDG 100 OCALA, FL. 34475

PHONE:

352-888-2311

EMAIL

admin@kingdomsis.com

WEBSITE

www.kingdomsis.com

DEPARTMENT OF STATE

Div. Of Corporations Of Florida The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

I, Fulton L. T. Wilson, Jr.,

As Owner of KINGDOMSIS, INC DOCUMENT# P23000018024 I do not plan to reinstate this former entity which is now dissolved.

I release the name KINGDOMSIS, INC. to the new entity.

Hulton L. T. Wilson, Jr.,

Chairman & CEO