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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**KBT SERVICES OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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H24000414797 3

**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: KBT SERVICES OF FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

<p>Principal <u>street</u> address</p> <p><u>8109 SE RIVERS EDGE STREET</u></p> <p><u>JUPITER, FL 33458</u></p>	<p>Mailing address, if different is:</p> <p>_____</p> <p>_____</p>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ENGAGING IN ANY LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

<p>Name and Title: <u>KIRK KEUBERT / DIRECTOR / PRESIDENT</u></p> <p>Address: <u>8109 SE RIVERS EDGE STREET</u></p> <p><u>JUPITER, FL 33458</u></p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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<p>Name and Title: <u>BEATA SEUBERT / DIRECTOR / SECY.</u></p> <p>Address: <u>8109 SE RIVERS EDGE STREET</u></p> <p><u>JUPITER, FL 33458</u></p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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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: \_\_\_\_\_ CAPITOL CORPORATE SERVICES, INC.

Address: \_\_\_\_\_ 515 E. PARK AVENUE FLOOR 2

TALLAHASSEE FL 32301

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: \_\_\_\_\_ JOHN J. RAYMOND, JR.

Address: \_\_\_\_\_ 251 ROYAL PALM WAY SUITE 215

PALM BEACH FL 33480

**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*Kim Tadlock Kim Tadlock, Assistant Secretary12/17/2024

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.*/S/ JOHN J. RAYMOND, JR.12/17/2024

Required Signature Incorporator

Date