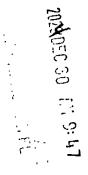
## Provovoo92

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
202
ACCOUNT NO. : 12000000195
REFERENCE :
AUTHORIZATION :
COST LIMIT: \$ 70.0
ORDER DATE : 12/30/24
ORDER TIME :
ORDER NO. :
CUSTOMER NO:
DOMESTIC FILING
NAME: King US Holdings Inc.
•••
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

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## **COVER LETTER**

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

SUBJECT: King U	S Holdings Inc.		
30bite1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	entons Cohen & Grigsby PC	e (Printed or typed)	
91	10 Strada Place, Mercato Suite 6		
		Address	
Na <sub></sub>	ples, FL 34108		
	Спу	. State & Zip	
	Daytime <sup>-</sup>	Telephone number	
<del></del> -	E-mail address: (to be use	ed for future annual report r	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)

name of the corpora	COD AT A PRINTERS			
RTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:	
14 Vinland Way				
ples, Florida, 3410	5			
TICLE III PURP	OSE To another than the second	11-14: O	2028(175	
purpose for which	OSE the corporation is organized is: To act	t as Holding Compan	y S	
			ت	
<u> </u>		· · · · · · · · · · · · · · · · · · ·		
			<del></del>	
			. # <del>-</del>	
<del></del>				
· +				
TICLE IV SHAR number of shares of	stock is: 10,000	c		
number of shares of	stock is: 10,000  AL OFFICERS AND/OR DIRECTOR.		Myra King, President	
number of shares of  TICLE V INITIA  Name and Title	stock is: 10,000  AL OFFICERS AND/OR DIRECTOR.  Myra King, Director	Name and Title	:: Myra King, President :: 1644 Vinland Way	
number of shares of	stock is: 10,000  AL OFFICERS AND/OR DIRECTOR.  Byra King, Director  1644 Vinland Way	Name and Title	1644 Vinland Way	
number of shares of  TICLE V INITIA  Name and Title	stock is: 10,000  AL OFFICERS AND/OR DIRECTOR.  Myra King, Director	Name and Title		
number of shares of  TICLE V INITIA  Name and Title	stock is: 10,000  AL OFFICERS AND/OR DIRECTOR.  Byra King, Director  1644 Vinland Way	Name and Title Address:	1644 Vinland Way	
number of shares of  TICLE V INITIA  Name and Title	AL OFFICERS AND/OR DIRECTOR.  Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:	1644 Vinland Way	
number of shares of  TICLE V INITIA  Name and Tith  Address	AL OFFICERS AND/OR DIRECTOR.  Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTOR.  Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Tith  Address	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTOR.  Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title  Address	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:	Naples, Florida, 34105	
Name and Title Address  Name and Title Address	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:  Name and Title Address:  Name and Title	Naples, Florida, 34105	
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title  Address	Myra King, Director  1644 Vinland Way  Naples, Florida, 34105	Name and Title Address:  Name and Title Address:  Name and Title Address:  Name and Title	Naples, Florida, 34105	

Name a	and Title:	Name and Title:	<del></del>
Addre	ss	Address:	· <del></del>
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Myra King		302 <b>4</b> 0700
Address:	1644 Vinland Way	_	() ()
	Naples, Florida, 34105		(3) (3)
ARTICI E VII	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:  Myra King		
Name:		_	
Address:	1644 Vinland Way	<del></del>	
	Naples, Florida, 34105	<u> </u>	
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not he more than five days pri	ior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records		this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation ered agent and agree to act in th	a at the place designated in this is capacity
_/s/ Myra Kir	ng		12/30/2024
	Required Signature/Registered Agent	<del></del>	Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the fal ny as provided for in s.817.155,	se information submitted in a F.S.
/s/ Myra Kir			12/30/2024
Required Signal	ture/Incorporator	Date	e
			FIN-80378