

P25000041698

FL
724-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

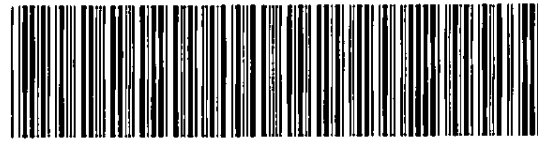
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JUL 23 PM 1:29

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/23/2025

****WALK IN****

ENTITY NAME Kimmelman Management Services Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

W: c DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Kimmelman Management Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
14837 HORSESHOE TRACE
WELLINGTON, FL 33414

Mailing address, if different is:
14837 HORSESHOE TRACE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act permitted under the laws of the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesse Kimmelman, Pres & Dir.

Name and Title: _____

Address 14837 HORSESHOE TRACE
WELLINGTON, FL 33414

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Jesse Kimmelman

Address: 14837 HORSESHOE TRACE

WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jesse Kimmelman

Address: 14837 HORSESHOE TRACE

WELLINGTON, FL 33414

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

s/JESSE KIMMELMAN
Required Signature/Registered Agent

7/15/25
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/JESSE KIMMELMAN
Required Signature/Incorporator

7/15/25
Date