

# P95000000708

## TRANSMITTAL LETTER

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

400001369534  
-01/04/95--01095--013  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: K + K Builders  
Construction INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Patricia A. Kentnor  
Name (printed or typed)

7885 Maclean Rd.  
Address

Tall. Fl. 32312  
City, State & Zip

942-5933  
Daytime Telephone number

55 JAN -4 PM 2:15  
STATE  
DIVISION OF  
CORPORATIONS

Will  
Wait

KAN 1-4

NOTE: Please provide the original and one copy of the articles.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

95 JUL -4 PM 2:15

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

*Builders*  
~~K+K Construction~~ INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*Builders*  
~~K+K Construction~~ Inc.  
3600 B Weems Rd.  
Tall. Fl. 32311

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*500*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Patricia A. Kentnor*  
*7885 Maclean Rd.*

*Tall. Fl.*

*32312*

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Myron Kentnor  
7885 Maclean Rd.  
Tall. Fl. 32312

Patricia A. Kentnor  
7885 Maclean Rd.  
Tall. Fl. 32312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of Jan., 1995.

Patricia A. Kentnor

Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Builders  
K&K Construction Inc.

2. The name and address of the registered agent and office is:

Patricia A. Kenton  
(Name)

7885 Maclean Rd.  
(P.O. Box not acceptable)

Tall. Fl. 32315  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Patricia A. Kenton  
(Signature)

Jan. 4th 95  
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 OCT 18 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000708

1 Corporation Name  
K+K Builders Inc:  
3600 B Weems Rd:  
Tall. FL 32311

Principal Place of Business Mailing Address  
3600 B Weems Rd.  
Tall. FL 32311

REINSTATEMENT

*How*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable		3 New Mailing Address, if Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-4-95	
City & State		City & State		FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See instructions for proper completion of this section.</small>					

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Myron Kentnor	2682 Hannon Hill Dr.	Tall. FL 32308
V.P.	Patricia Anne Kentnor	Same	

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-10/22/96-01018-008  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patricia Anne Kentnor  
3600 B Weems Rd.  
Tall. FL 32308

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Pat Kentnor*  
REGISTERED AGENT MUST SIGN

Date 10-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96

Date Time Phone #

CR2E040 (12/95)