



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

SUBJECT:	Kitchton & Associates,			
	(Proposed corpor	rate name - must include su	ffix)	
			00002469 -03/26/980 ****131.25	333 1069- ****
Enclosed is an ori	ginal and one(1) copy of the article	s of incorporation and a	check for :	7
□ \$70.00 Filing Fee	• • •	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM				
	Name (Printed or typed)			
	1904 Countess Court			
	A	ddress		
	Naples, Florida 3411(	)		
	City, S	State & Zip		
	941/514- <b>409</b> <i>5</i>			
		lephone number		

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



# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Kitchton Associates, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1904 Countess Court Naples, Florida 34110

## 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 Florida street address of the initial registered agent are:

Ronald Kitchton 1904 Countess Court Naples, Florida 34110

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Ronald Kitchton 1904 Countess Court Naples, Florida 34110

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date