

TRANSMITTAL LETTER

P99000059623

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

SUBJECT: B.K. MANAGEMENT GROUP, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT KNIGHT
Name (Printed or typed)

18398 LAMONT AVE.
Address

PT CHARLOTTE, FL 33948
City, State & Zip

941-629-2282
Daytime Telephone number

100002919731--5
-06/30/99--01063--013
*****70.00 *****70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 30, PM 1:42

FILED

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

CB
6-1-99
7-1-99

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:

R. K. Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

18398 Lamont Avenue
Port Charlotte, FL 33948

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Evelyn Knight
18398 Lamont Avenue
Port Charlotte, FL 33948

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert Knight
18398 Lamont Avenue
Port Charlotte, FL 33948



Signature/Incorporator



Date

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 obligations of my position as registered agent.



Signature/Registered Agent



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA