## TRANSMITTAL LETTER APPONISHED IN 1883

FILED

99 NOV 17 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:	nevins to	porate name - must include suf	#5v)	_
	(Proposed corp	oorate name - must metude sui	6000030	3901049004 <u>-</u>
Enclosed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Keuin Name	King (Printed or typed)		
_	3207 6	Old Lockwood RA Address	<u></u>	<del></del>
_	Orland Cr	L. F. 32765 ity, State & Zip		. ,
_	,	224-1/22 ne Telephone 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.

99	F,	ILE	D	
TALLA)				′ ଚ
~~/	7ASSĖĮ	E, FL	TATE PRIDA	

ARTICLE I NAME
The name of the corporation shall be:
Klevins, Fence, Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
Kelling I Care I Lac
3207 Old Lock word Rd
Oviedo, FL 32765
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
Ter thoward (14 oru)
10, 1.00000 (19 000)
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Kevinking
3201 Old Lockwood Rd. Ovedo FC 32765
Overly FC 32765
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Kevin King
3207 Old Lockward Kds
325) Ola Zolk hase Nos

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

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 the obligations of my position as registered agent

conguincing of the formation and a second an		
× Wi Wi	upe 145	
Signature/Registered Agent	Date	