

PO6000070941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

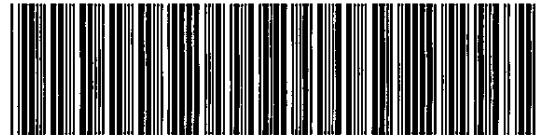
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/06--01007--014 **78.75

FILED

06 MAY 18 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR 5/22

COVER LETTER

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

SUBJECT: KAGEY II, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DARLENE BERGREN

Name (Printed or typed)

4200 SEBRING PKWY # 301

Address

SEBRING FL 33870

City, State & Zip

863-402-0029

Daytime Telephone number

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

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:

KAGEY II, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4200 SEBRING PKWY # 301
SEBRING FL 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DARLENE BERGREN, PRESIDENT/DIRECTOR
4200 SEBRING PKWY
SEBRING FL 33870

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

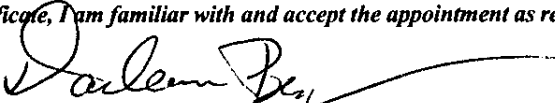
DARLENE BERGREN
4200 SEBRING PKWY
SEBRING FL 33870

ARTICLE VII INCORPORATOR

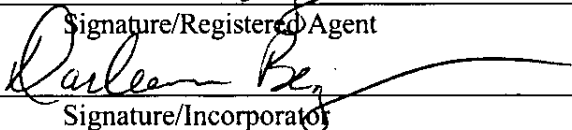
The name and address of the Incorporator is:

DARLENE BERGREN
4200 SEBRING PKWY
SEBRING FL 33870

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



Signature/Registered Agent

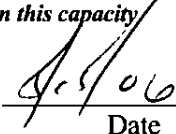


Signature/Incorporator

FILED

06 MAY 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date

Date