

P13000023915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

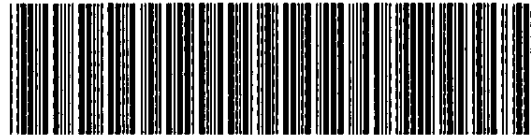
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 MAR 14 PM 3:04

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COVER LETTER

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

SUBJECT: K8 Construction Corp., 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Aaron Haak, Esq.
Name (Printed or typed)
1625 Hendry Street, Suite 301
Address
Fort Myers, Florida 33901
City, State & Zip
(239) 334-2722
Daytime Telephone number
lodgecon2@yahoo.com
E-mail address: (to be used for future annual report notification)

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: K8 Construction Corp., Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 108 West Village Drive
St. Augustine, Florida 32084
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Construction Contracting

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Krista Dunn, President</u>	Name and Title:	_____
Address	<u>108 West Village Drive</u> <u>St. Augustine, Florida 32084</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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TALLAHASSEE FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Krista Dunn
 Address: 108 West Village Drive
St. Augustine, Florida 32084

ARTICLE VII INCORPORATOR

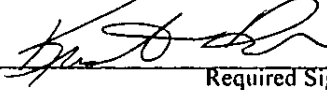
The name and address of the Incorporator is:

Name: Krista Dunn
 Address: 108 West Village Drive
St. Augustine, Florida 32084

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

X  3-6-13
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X  3-6-13
 Required Signature/Incorporator

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TALLAHASSEE FLORIDA

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