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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KIND DAVID DISTRIBUTORS INC

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

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COVER LETTER

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

SUBJECT: KING DAVID DISTRIBUTORS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DMITRIY ASHUROV
Name (Printed or typed)

19840 WEST DIXIE HWY UNIT 3204
Address

MIAMI FL 33180
City, State & Zip

212-202-0981
Daytime Telephone number

hamor@hamor.net
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: KING DAVID DISTRIBUTORS INC.

ARTICLE II PRINCIPAL OFFICE

4901 4TH ST N Principal street address

Mailing address, if different is:

STE 300 ST PETERSBURG FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

SECRET
DIVISION 3
DEC 19 4 07

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DMITRIY ASHUROV, PRESIDENT Name and Title: _____

Address 19840 WEST DIXIE HWY UNIT 3204 Address: _____

MIAMI, FL 33180 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Name: DMITRIY ASHUROV
Address: 19840 WEST DIXIE HWY UNIT 3204
MIAMI, FL 33180

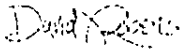
ARTICLE VIII - EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



01/18/2023

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.



Required Signature Incorporator

Date

01/18/2023

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