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(City/State/Zip/Phone #)

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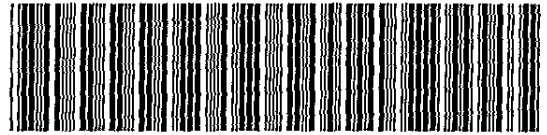
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/1

TRANSMITTAL LETTER

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

SUBJECT: CK2, 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: CARRIE R. KRAJEWSKI, LCSW
Name (Printed or typed)

P.O. Box 07261
Address

Ft Myers, FL 33919
City, State & Zip

(727) 403-7036
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: **CK2, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **Place of business: 4755 Summerlin Rd, E
Ft Myers, FL 33919
Mailing Address: P.O. Box 07261
Ft Myers, FL 33919**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To provide mental health and psychotherapy services.**

ARTICLE IV SHARES

The number of shares of stock is: **10,000 shares.**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Carrie R. Krajewski, LCSW, CEO
P.O. Box 07261
Ft Myers, FL 33919**

**Cooper A. Krajewski, COO
P.O. Box 07261
Ft Myers, FL 33919**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **Carrie R. Krajewski, LCSW, CEO
14991 Rivers Edge Ct #242
Ft Myers, FL 33919**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **Carrie R. Krajewski, LCSW, CEO
P.O. Box 07261
Ft Myers, FL 33919**

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:

Krajewski LCSW, CEO

Signature/Registered Agent

Krajewski LCSW, CEO

Signature/Incorporator

9/15/03

03
SEP 29 PM 14:05
FILED
STATE
FLORIDA