

P16000036887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

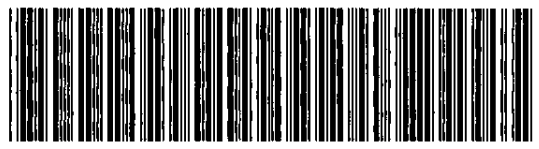
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

042715

COVER LETTER

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

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

FROM: MORRIS ENGELBERG, ESQUIRE
Name (Printed or typed)

3800 SOUTH OCEAN DRIVE, SUITE 217
Address

HOLLYWOOD, FL 33019
City, State & Zip

954-966-3900
Daytime Telephone number

glenicbyrd@bellsouth.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: KROYWEN INSURANCE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3800 SOUTH OCEAN DRIVE, SUITE 217
HOLLYWOOD, FL 33019

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business related to insurance.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glenie Marie Byrd, Pres, Sec, Treas, Dir Name and Title: _____

Address 1526 Breakwater Terrace Address: _____
Hollywood, FL 33019

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: Morris Engelberg, Esquire
 Address: 3800 South Ocean Drive, Suite 217
Hollywood, FL 33019

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Glenie Marie Byrd
 Address: 1526 Breakwater Terrace
Hollywood, FL 33019


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 business days prior or 90 business 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

 _____
 Required Signature/Registered Agent 04/20/2016
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 04/20/2016
Date