

F/5000004184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

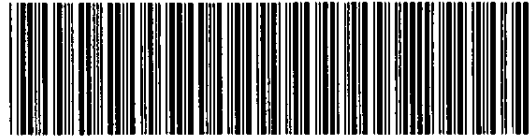
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-56574 RA Sign

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2015 SEP 18 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 21 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 25, 2015

BENITA RZAD
KRAVIN' CHIKIN, INC.
16390 LACONIA LN
MILTON, GA 30004

SUBJECT: KRAVIN' CHIKIN, INC.
Ref. Number: W15000056574

We have received your document for KRAVIN' CHIKIN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00017963

COVER LETTER

TO: Registration Section
Division of Corporations

Kravin' Chikin, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Benita Rzad

Name of Person

Kravin' Chikin, Inc.

Firm/Company

16390 Laconia Ln

Address

Milton, GA 30004

City/State and Zip code

benita.cpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benita Rzad

770

619-4300

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Kravin' Chikin Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 47-4574023
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 10, 2015 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16390 Laconia Ln, Milton Georgia 30004
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: InCorp Services, Inc.
- Office Address: 17888 67th Court North
- Loxahatchee, Florida 33470
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 on behalf of Incorp Services, Inc.
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Eric Rzad

Address: 16390 Laconia Ln

Milton, GA 30004

Vice Chairman: Benita Rzad

Address: 16390 Laconia Ln

Milton, GA 30004

Director: Eric Rzad

Address: 16390 Laconia Ln

Milton, GA 30004

Director:

Address:

B. OFFICERS

President: Eric Rzad

Address: 16390 Laconia Ln

Milton, GA 30004

Vice President: Benita Rzad

Address: 16390 Laconia Ln

Milton, GA 30004

Secretary: Benita Rzad

Address:

Treasurer: Benita Rzad

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Benita Rzad

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Officer (Vice President)

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Control Number : 15069296

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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2016 SEP 18 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KRAVIN' CHIKIN INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 12102020
Date Inc/Auth/Filed	: 07/10/2015
Jurisdiction	: Georgia
Print Date	: 7/19/2015
Form Number	: 211



B. P. Kemp

Brian P. Kemp
Secretary of State