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18 MAY 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NP

R. WHITE
MAY 15 2019

COVER LETTER

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

SUBJECT: Kona-Kai, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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
		ADDITIONAL COPY REQUIRED	

FROM: Sarah M. Grieb, Esquire / Roetzel & Andress, LPA
Name (Printed or typed)

850 Park Shore Drive, 3rd Floor
Address

Naples, Florida 34103
City, State & Zip

239-649-6200
Daytime Telephone number

sgrieb@ralaw.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 617, F.S., (Not for Profit)

FILED

98 MAY 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Kona-Kai, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1336 Crayton Road

Naples, Florida 34102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: An owners association for a residential cooperative.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Pursuant to the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ida Cannistraci - Vice President

Address: 1338 Crayton Road, Naples, Florida 34102

Name and Title: Kevin Markwordt - President

Address: 300 Shadowlawn Road, Marietta, Georgia 30067

Name and Title: Kae Konen Jonsons - Secretary

Address: 1801 N. Swinton Ave, Delray Beach, Florida 33444

Name and Title:

Address:

Name and Title: William Westman - Treasurer

Address: 1336 Crayton Road, Naples, Florida 34102

Name and Title:

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: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah M. Grieb

Address: 850 Park Shore Drive, 3rd Floor

Naples, Florida 34103

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

James M. Halpin
Assistant Secretary
Required Signature of Registered Agent

3/26/2018
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

4/23/18
Date