

P04000061826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

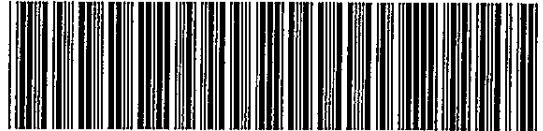
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Krin Management Corp. of FLA  
(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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Barry M. Krin  
Name (Printed or typed)

10368 Northwest 24<sup>th</sup> Place  
Address

Sunrise, FL 33324  
City, State & Zip

401-480-1850  
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)

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**ARTICLE I NAME**

The name of the corporation shall be: *Krin Management Corp. of FLA*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *10368 Northwest 24th Place  
Sunrise, FL 33324*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Retail operation*

**ARTICLE IV SHARES**

The number of shares of stock is: *1000 Authorized*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*Barry S. Krin, 10368 Northwest 24th Place, Sunrise, FL 33324*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Barry S. Krin, 10368 Northwest 24th Place, Sunrise, FL 33324*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Barry S. Krin, 10368 Northwest 24th Place, Sunrise, FL 33324*

\*\*\*\*\*

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

*Barry Krin*

Signature/Registered Agent

*4/5/04*  
Date

*Barry Krin*

Signature/Incorporator

*4/5/04*  
Date