

PO4000085094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

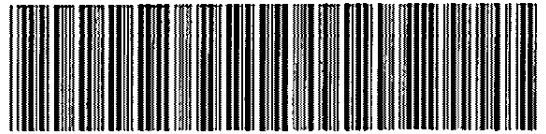
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Certified Copies _____

Certificates of Status _____

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04 MAY 28 PM 3:36

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TH 5/28/04

TRANSMITTAL LETTER

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

SUBJECT: Kraynak Capital Management, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Scott Kraynak
Name (Printed or typed)

5901 Sun Blvd Suite 101
Address

St. Petersburg, FL 33715
City, State & Zip

727-543-1996
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:

Kraynak Capital Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5901 Sun Blvd Suite 101B
St. Petersburg, FL 33715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott Kraynak - ~~PRESIDENT~~
5901 Sun Blvd Suite 101B
St. Petersburg, FL 33715

ARTICLE VI REGISTERED AGENT

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

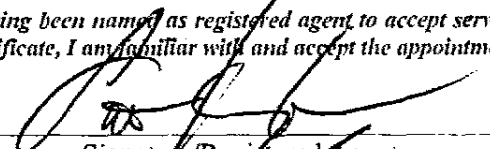
Scott Kraynak
5901 Sun Blvd Suite 101
St. Petersburg, FL 33715

ARTICLE VII INCORPORATOR

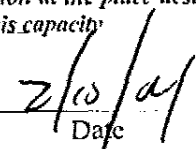
The name and address of the Incorporator is:

Jody Block
204 37th Avenue North #347
St. Petersburg, FL 33704

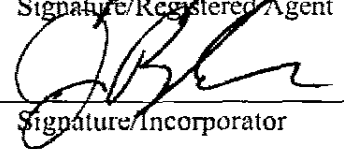
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



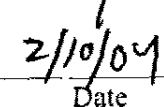
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

04 MAY 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA