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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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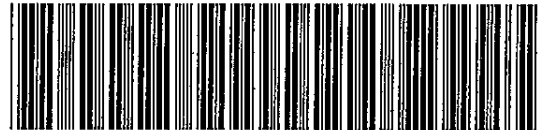
(Business Entity Name)

(Document Number)

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6/24

TRANSMITTAL LETTER

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

SUBJECT: Attorney Carolyn J. Kahrs, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

An Effective Date: Add a **separate** article if applicable or necessary. An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

The fee for filing a profit corporation is:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

(Make checks payable to Florida Department of State)

Mailing Address:
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Street Address:
Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399
(850) 245-6052

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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Carolyn J Kahrs

Name (Printed or typed)

4834 Quill CT

Address

Palm Harbor FL 34685

City, State & Zip

727-942-7245

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:

Attorney Carolyn J. Kahrs, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2625 Keystone Rd, Suite One, Tarpon Springs FL 34688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carolyn J. Kahrs, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

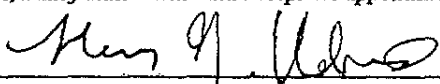
Nenny G Kahrs
4834 Quill Ct
Palm Harbor FL 34685

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolyn J. Kahrs, Esq.
4834 Quill Ct
Palm Harbor FL 34685

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

6/21/04

Date



Signature/Incorporator

6/21/04

Date

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JULY 1, 2004