

P04000120951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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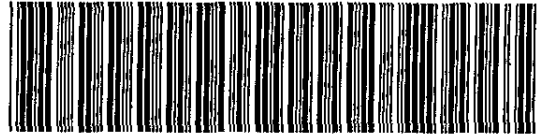
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

**SUBJECT:** Kuzak Corporation

(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:** Melissa A. Kuzak

Name (Printed or typed)

1299 Anhinga Drive

Address

Wellington, Florida 33414

City, State & Zip

(561) 202-7219

Daytime Telephone number

04 APR 20 PM 1:22

**NOTE:** Please provide the original and one copy of the articles.

*Original*

## 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:

Kuzak Corp.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1299 Anhinga Drive  
Wellington, FL 33414

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Construction

### **ARTICLE IV      SHARES**

The number of shares of stock is:

Zero

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Frank A. Kuzak, President  
Melissa A. Kuzak, Vice President

### **ARTICLE VI      REGISTERED AGENT**

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

Melissa A. Kuzak  
1299 Anhinga Drive  
Wellington, Florida 33414


### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Melissa A. Kuzak  
1299 Anhinga Drive  
Wellington, Florida 33414


\*\*\*\*\*

*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)

08/06/2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
(Signature/Incorporator)

08/06/2004

\_\_\_\_\_  
Date

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