

P04000132015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09/20/04--01036--022 **70.00

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DIVISION 11
04 SEP 20 PM 1:15

TRANSMITTAL LETTER

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

SUBJECT: POLK & VA 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: KHENG KEN POLK
Name (Printed or typed)

5500 47TH AVENUE NORTH
Address

ST. PETERSBURG, FLORIDA 33709
City, State & Zip

(727) 544-7599
Daytime Telephone number

04 SEP 20 PM 1:15
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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:

POLK & VA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

318 SOUTH DALE MABRY, TAMPA, FL 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT, ANY AND ALL LAWFUL BUSINESS

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):

SARUN VA 5954 51ST AVE. N, KENNETH CITY, FL 33709 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

KHENG KEN POLK 5500 47TH AVENUE N, KENNETH CITY, FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KHENG KEN POLK 5500 47TH AVENUE N, KENNETH CITY, FL 33709

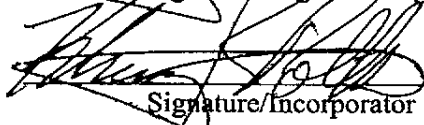
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09-15-04

Date



Signature/Incorporator

09-15-04

Date

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DIVISION OF REVENUE
STATE OF FLORIDA