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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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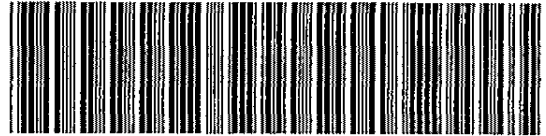
(Business Entity Name)

(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: W L Kolinski, 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
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: William Kolinski

Name (Printed or typed)

2353 Port Malabar Blvd.

Address

Palm Bay, Florida 32905

City, State & Zip

321-952-1746

Daytime Telephone number

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TALLAHASSEE, 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:

W L Kolinski, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2353 Port Malabar Blvd., Palm Bay, FL 32905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential Design 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):

William Kolinski, President

2353 Port Malabar Blvd., Palm Bay, FL 32905

ARTICLE VI REGISTERED AGENT

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

William Kolinski, President

2353 Port Malabar Blvd., Palm Bay, FL 32905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Kolinski, President

2353 Port Malabar Blvd., Palm Bay, FL 32905

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

William Kolinski

Signature/Registered Agent

12/27/04

Date

William Kolinski

Signature/Incorporator

12/27/04

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

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