

P05000038520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

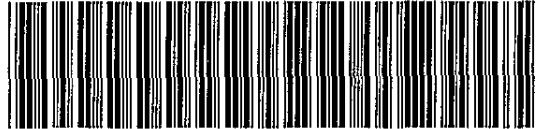
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAR -4 PM 3:25

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

3-14-05
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TRANSMITTAL LETTER

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

SUBJECT: "We've Gotcha Covered", 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: Marty Karzmar

Name (Printed or typed)

11029 Via San Remo

Address

Boynton Beach, FL 33437

City, State & Zip

561-736-8003

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:

"We've Gotcha Covered, Inc."

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11029 Via San Remo Boynton Beach, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For the sale of table cloth covers and accessories

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):
Martin Karzmar

ARTICLE VI REGISTERED AGENT

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

Martin Karzmar
11029 Via San Remo
Boynton Beach, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martin Karzmar
11029 Via San Remo
Boynton Beach, FL 33437

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
05 MAR -4 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA