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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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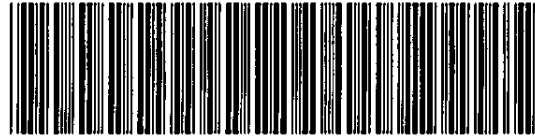
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT 26 P 3:26

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10-26-06
UC

COVER LETTER

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

SUBJECT: Karobsam, 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: Katie Lazar

Name (Printed or typed)

12410 NW 19th Place

Address

Coral Springs, FL 33071

City, State & Zip

954-757-9973

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:

Karobsam, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12410 NW 19th Place, Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage as a personnel service and provide related services.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares that the corporation is authorized to have outstanding at any time shall be three hundred (300) shares of common stock at a par value of \$.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Katie Lazar, 12410 NW 19th Place, Coral Springs, FL 33071, President

ARTICLE VI REGISTERED AGENT

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

Katie Lazar, 12410 NW 19th Place, Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katie Lazar, 12410 NW 19th Place, Coral Springs, FL 33071

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

Katie Lazar
Signature/Registered Agent

Katie Lazar
Signature/Incorporator

10/24/06
Date

10/24/06
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA