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# **COVER LETTER**

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

SUBJECT:	KLAGGES SERVICES, INC.			
Enclosed are an orig	(PROPOSED CORPORA  ginal and one (1) copy of the arti	TE NAME – MUST INCL		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Name 13879 SW	ABEL KLAGGES (Printed or typed)  84TH STREET Address		
	City, <b>786</b> -	, FL. 33183 State & Zip -290-1831		

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:

KLAGGES SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13879 SW 84TH STREET MIAMI, FL. 33183

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**ANY LAWFULL 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):

MARIA ISABEL KLAGGES

#### ARTICLE VI REGISTERED AGENT

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

**13879 SW 84TH STREET** 

MIAMI, FL. 33183

MARIA ISABEL KLAGGES

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MARIA ISABEL KLAGGES 13879 SW 84TH STREET

MIAMI, FL. 33183

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

X Haria Isabel Hoggs 3

Ozlo7/07

Osignature/Registered Agent

X Haria Isabel Klaggs 3

Signature/Incorporator

Date

2007 FEB 19 AH 9: 02
SECRETARY OF STATE