

P110000071244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

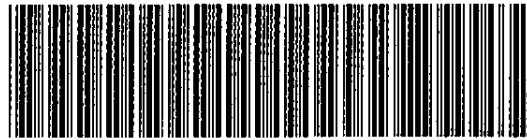
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG -8 AM 11:45



8/9

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COVER LETTER

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

SUBJECT: Kuczler & Kuczler, PA

(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: Jennifer R. Kuczler

Name (Printed or typed)

239 S. Indian River Drive

Address

Fort Pierce, Florida 34950

City, State & Zip

(772) 461-0110

Daytime Telephone number

jennifer@kuczlerlaw.com

E-mail address: (to be used for future annual report notification)

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

Kuczler & Kuczler, PA

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
239 S. Indian River Drive
Fort Pierce, Florida 34950

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide legal services.

ARTICLE IV SHARES 10

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer R. Kuczler - President
Address: 6247 Arlington Way
Fort Pierce, Florida 34950

Name and Title: _____
Address: _____

Name and Title: Daniel S. Kuczler - Vice-President
Address: 6247 Arlington Way
Fort Pierce, Florida 34950

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jennifer R. Kuczler
Address: 239 S. Indian River Drive
Fort Pierce, Florida 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer R. Kuczler
Address: 239 S. Indian River Drive
Fort Pierce, Florida 34950

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG - 8 AM 11:45

FOR THE AGENT

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



Required Signature/Registered Agent

August 2, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

August 2, 2011

Date