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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/3

COVER LETTER

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

SUBJECT: INKO, 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: Tomasz Kaniowski

Name (Printed or typed)

4118 NW 88th Ave. Apt 202

Address

Coral Springs, Florida 33065

City, State & Zip

754-368-1947

Daytime Telephone number

pantomek666@gmail.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

The name of the corporation shall be: INKO, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4118 NW 88th Ave. Apt 202
Coral Springs, Florida
33065

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomasz Kaniowski - PRESIDENT
Address: 4118 NW 88th Ave. Apt 202
Coral Springs, Florida
33065

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Tomasz Kaniowski
Address: 4118 NW 88th Ave. Apt 202
Coral Springs, Florida 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tomasz Kaniowski
Address: 4118 NW 88th Ave. Apt 202
Coral Springs, Florida 33065

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

Tomasz Kaniowski

Required Signature/Registered Agent

September 23, 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.

Tomasz Kaniowski

Required Signature/Incorporator

September 23, 2011

Date

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TALLAHASSEE, FLORIDA