

P12000003293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

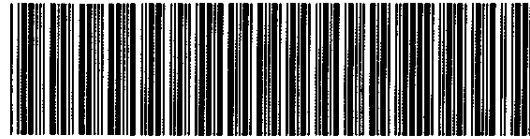
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400217658194

400217658194  
01/10/12--01015--003 \*\*78.75

FILED

12 JAN 10 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/11/12

## COVER LETTER

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

SUBJECT: Kozac Custom Floor Coverings 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: Bill Kozac  
Name (Printed or typed)

10074 Grace Ave  
Address

Fellsmere Florida 32948  
City, State & Zip

772-940-7884  
Daytime Telephone number

billko77@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: Hozac custom Floor coverings inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10094 Grace Ave  
Fellsmere Florida  
32948

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President - Bill Hozac  
Address: Bill Hozac  
10094 Grace Ave  
Fellsmere FL 32948

Name and Title: Treasurer - Bill Hozac  
Address: 10094 Grace Ave  
Fellsmere Florida 32948

Name and Title: Vice President - Bill Hozac  
Address: 10094 Grace Ave  
Fellsmere FL 32948

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Secretary - Bill Hozac  
Address: 10094 Grace Ave  
Fellsmere FL 32948

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: Bill Hozac  
Address: 10094 Grace Ave  
Fellsmere FL 32948

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bill Hozac  
Address: 10094 Grace Ave  
Fellsmere FL 32948

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

Bill Hozac

Required Signature/Registered Agent

1-6-12

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.

Bill Hozac

Required Signature/Incorporator

1-6-12

Date

FILED  
12 JAN 10 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA