

P12000034207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

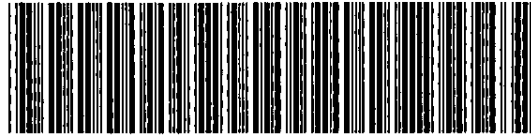
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/09/12--01026--013 **87.50

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12 APR -9 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/10/12

COVER LETTER

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

SUBJECT: C. Kramer Carpenters

(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: Christopher Kramer

Name (Printed or typed)

13975 Encantardo Cr.

Address

Fort Pierce, Fl. 34951

City, State & Zip

(772)-708-1922

Daytime Telephone number

chriskramer86@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

C. Kramer Carpenters Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
13975 Encantardo Cr.
Fort Pierce FL 34951

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Kramer, President
Address: 13975 Encantardo Cr.
Fort Pierce FL 34951

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:

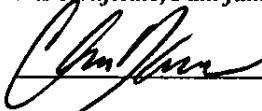
Name: Chris Kramer
Address: 13975 Encantardo Cr.
Fort Pierce FL 34951

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

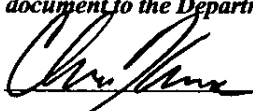
Name: Chris Kramer
Address: 13975 Encantardo Cr.
Fort Pierce FL 34951

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

 Chris Kramer
Required Signature/Registered Agent

3-31-12
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.

 Chris Kramer
Required Signature/Incorporator

3-31-12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA