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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

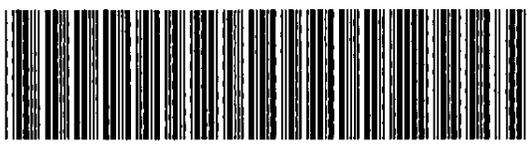
(Business Entity Name)

(Document Number)

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

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FILED  
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

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**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>Chris Kramer, President</u>	Name and Title: _____
Address: <u>13975 Encantardo Cr.</u>	Address: _____
<u>Fort Pierce FL 34951</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	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 Chris Kramer \_\_\_\_\_ 3-31-12  
Required Signature/Registered Agent 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 Chris Kramer \_\_\_\_\_ 3-31-12  
Required Signature/Incorporator Date