

P12000034257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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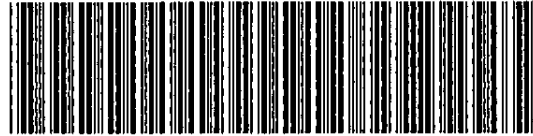
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/12--01053--023 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR -9 PM 5:01

FILED

MRS
4/10/12

COVER LETTER

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

SUBJECT: KAPPA, 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: Kimberly Bauldry
Name (Printed or typed)

6106 HUCKLEBERRY AVE
Address

ORLANDO, FL 32819
City, State & Zip

(407) 668-5431
Daytime Telephone number

kimbauldry@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

12 APR -9 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2012

KIMBERLY BOULDRY
6106 HUCKLEBERRY AVE
ORLANDO, FL 32819

SUBJECT: KAPPA, INC.
Ref. Number: W12000017251

We have received your document for KAPPA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 312A00010331

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: ~~KARPA, inc.~~ ^{error @} PABOULDRY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6106 Huckleberry Ave
Orlando, FL 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INDEPENDENTLY CONTRACTED AS A
PHYSICIAN ASSISTANT

ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Bouldry, CEO Name and Title: _____

Address: 6106 Huckleberry Ave Address: _____
Orlando FL 32819

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: Kimberly Bouldry
Address: 6106 Huckleberry Ave
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Bouldry
Address: 6106 Huckleberry Ave
Orlando, FL 32819

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

Kimberly Bouldry
Required Signature/Registered Agent

03/22/2012
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.

Kimberly Bouldry
Required Signature/Incorporator

03/22/2012
Date

FILED
12 APR - 9 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA