

P12000078018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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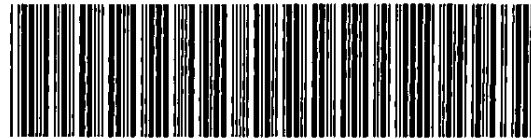
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/12--01017--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 12 PM 2:06

9/13/12

*
COVER LETTER

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

SUBJECT: CKV Group Management, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Aleksandra Krasinski

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

847-495-3076

Daytime Telephone number

Aleksandra.Krasinski@STA-IS.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

CKV Management Group, Inc.

12 SEP 12 PM 2: 06

ARTICLE II PRINCIPAL OFFICE

Principal street address

2760 W 79 Street

Hialeah, FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To act as a management company.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Medina/Director

Address: 2760 W 79 Street

Hialeah, FL 33016

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: Victor Medina

Address: 2760 W 79 Street

Hialeah, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Medina

Address: 2760 W 79 Street

Hialeah, FL 33016

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

Required Signature/Registered Agent

9/10/12

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.

Required Signature/Incorporator

9/10/12

Date