

P120000093405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: Kodel Enterprises 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: Joseph Kodel
Name (Printed or typed)
7765 SW 86 St F2 206
Address
Miami FL 33143
City, State & Zip
305-439-4564
Daytime Telephone number
joe@magwholesale.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: **KODEL ENTERPRISES INC**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

7765 SW 86 St F2
Miami FL 33143 206

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct Business in
State of FLA.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Joseph Kodel Pres
7765 SW 86 St
F2 206
Miami FL 33143

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:

Address:

Joseph Kodel
7765 SW 86 St F2 206
Miami FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Same Joseph Kodel
7765 SW 86 St F2 206
Miami FL 33143

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

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

Date