P13000018285

(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



200244934032

02/26/13--01005--021 **70.00

TO ACKNOWLEDGE

OEFARITATION OF STATE

MRB 2/26/13



COVER LETTER

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

SUBJECT:	Bobby Ko	Z CO ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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:	Robert H Kra Nam 4416 Widgeor		·
<u> </u>	TALLAHASER F.		· .
	ŕ	59 1287 Telephone number	/ () ha
	E-mail address: (to be use	11 @ people PC.	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 The name of the corporation shall be:	bby Krell Co
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
4416 Widgeon Wi TALLAMSER FL 3	305
ARTICLE III PURPOSE The purpose for which the corporation is organize	is:
ANY AND All LAWful B	- 3511443
	AS is
ARTICLE IV SHARES The number of shares of stock is:	Lu -
ARTICLE V INITIAL OFFICERS AND	OR DIRECTORS
Name and Title: DNMC Operator Address:	Pres. Name and Title: O N Address: 22 5 4416 Widness 0 0
WAY TALLANG	32303
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 P. Name: Address: Hylle Widge.	n Way
ARTICLE VII INCORPORATOR	-1 32305
The name and address of the Incorporator is: Name: Address: Address: Talhukka	n Way F1 3/303
	service of process for the above stated corporation at the place designat oppointment as registered agent and agree to act in this capacity
CI) HUM	27613
	stated herein are true. I am aware that the false information submitted
document to the Department of State constitutes a	third degree felony as provided for in s.817.155, F.S.
Required Signature/I	corporator Date