

P13000020642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

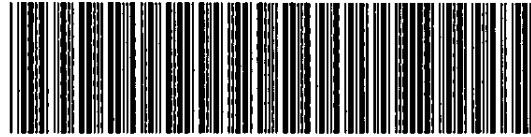
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100245150991

03/04/13--01033--009 **87.50

FILED
13 MAR -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/5/13

COVER LETTER

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

SUBJECT: **Kiella Citrus Care, 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: **Lewis M. Kiella**

Name (Printed or typed)

4056 Sunset Drive

Address

Zolfo Springs, FL 33890

City, State & Zip

863-781-0265

Daytime Telephone number

lewiskiella@yahoo.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

The name of the corporation shall be: Kiella Citrus Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4056 Sunset Drive

Zolfo Springs, FL 33890

FILED
13 MAR -4 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for the purpose of engaging in any and all lawful business.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lewis M. Kiella, President

Address: 4056 Sunset Drive
Zolfo Springs, FL 33890

Name and Title: _____

Address: _____

Name and Title: Mary K. Kiella, Secretary, Treasurer

Address: 4056 Sunset Drive
Zolfo Springs, FL 33890

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

FILED

Name and Title: _____	Name and Title: <u>13 MAR -4 PM 1:36</u>
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lewis M. Kiella
Address: 4056 Sunset Drive
Zolfo Springs, FL 33890

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lewis M. Kiella
Address: 4056 Sunset Drive
Zolfo Springs, FL 33890

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

2-27-13
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

2-27-13
Date