## P13 000073891

(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:  CORRECTED ARTICLE IV  (SHAPPES) TO READ "100"  PER TELEPHONE CONVERSA TO  WITH PRIVIO KOHL.	w
-K 09/10/13	

Office Use Only



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13 SEP -5 PH-2:51
SECKETARY OF STATE
TALLAHASSEF, FLORID.

TE 09/10/12

## **COVER LETTER**

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

SUBJECT: KONS FLOORS COMMON MUST INCLUME SUFFIX						
Enclosed are an orig	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:	David	(Printed or typed)	<u>.</u>			
246 NE 9th St.						
Delray Beach FL 33444						
954-214-7636  Daytime Telephone number						
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:	loors Con	npany	<u></u>	
ARTICLE II PRINCIPAL OFFICE  Principal street address  246 NE 9th St.  De ray Beach FC 3340	•	ng address, if different	is:	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Se	provide rvices	floor	ng.	
Address 246 NE 9th S	TORS    DOS   ame and Title:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	13 SEP -5 PH 2: 51	
Name and Title:  Address				
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	of the registered agent is:
Name: Pavid Kohl	
Address: 246 NE 9th St.	- TASYYY RECTED TO SEP CHARLES
ARTICLE VII INCORPORATOR	ASSET
The <u>name and address</u> of the Incorporator is:	EFFLOR
Name: Lavid Kohl	- ATE
Address: 246 NE 9th S	1 A
Delray Beach	FL 33444
Having been named as registered agent to accept service of process	ss for the above stated corporation at the place designated i
this certificate, I am famillar with and accept the appointment as reg	gistered agent and agree to act in this capacity
	9-3-13
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	
WILL	9-3-13
Required Signature/Incorporator	Date