

P14660021905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

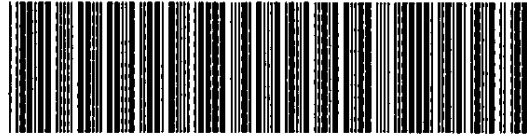
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03/10/14--01016--010 **78.75

CLERK
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 10 PM 1:50

[Handwritten Signature]
3/11/14

COVER LETTER

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

SUBJECT: **Kracker Realty, 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: **Robert Kracker**

Name (Printed or typed)

5305 Avenue C

Address

Grant, FL 32949

City, State & Zip

954 249 0080

Daytime Telephone number

robertkracker@hotmail.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: **Kracker Realty, Inc.**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAR 10 AM 11:50
Mailing address, if different is:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5305 Avenue C

Grant, FL 32949

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Real Estate Brokerage**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Robert Kracker, P/S/T** Name and Title: _____

Address **5305 Avenue C** Address: _____
Grant, FL 32949 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert Kracker

Address: 5305 Avenue C

Grant, FL 32949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Kracker

Address: 5305 Avenue C

Grant, FL 32949

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

03/06/14

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

03/06/14

Date