

P14000094187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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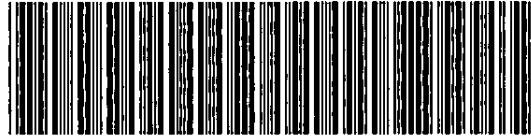
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/14--01034--004 **78.75

NOV 17 PM 12:00

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DIVISION OF REVENUE
NOV 17 2014

NOV 20 2014

T. SCOTT

COVER LETTER

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

SUBJECT: KULIG & ASSOCIATES 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: MARTHA KULIG
Name (Printed or typed)
900 S. US HWY ONE, #101
Address
JUPITER FL 33477
City, State & Zip
561-743-6517
Daytime Telephone number
martha@marthakulig.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: KULIG & ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 S. US HWY 1, #101
JUPITER, FL 33477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE THE SERVICE
OF PSYCHOTHERAPY TO THE GENERAL
PUBLIC AS A BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA KULIG PRESIDENT Name and Title: _____

Address 900 S. US HWY 1, #101 Address: _____
JUPITER, FL 33477

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

NOV 17 PM 12:00

(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: MARTHA KULIG,
Address: 900 S. US HWY 1, #101
JUPITER, FL 33477

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARTHA KULIG
Address: 1271 MANOR DR,
RIVIERA BEACH, FL 33404

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

Martha Kulig 11/15/14
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.

Martha Kulig 11/15/14
Required Signature/Incorporator Date