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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 20 PM 2:31

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: **Kastco Farms 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Kathy Cohen**

Name (Printed or typed)

3290 19th Ave. SW

Address

Naples, FL 34117

City, State & Zip

813-943-3751

Daytime Telephone number

kastco37@aol.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Kastco Farms Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3290 19th Ave S.W.

Naples, FL 34117

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corpoartion is formed for the purpose of
boarding horses and teaching riding lessons

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen Cohen - President, Sec, Treas.

Address: 3290 19th Ave SW
Naples, FL 34117

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED (cont.)
AND
FILED

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kathleen Cohen
Address: 3290 19th Ave SW
Naples, FL 34117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen Cohen
Address: 3290 19th Ave SW
Naples, FL 34117

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

x Kathleen Cohen
Required Signature/Registered Agent

11/17/14
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.

x Kathleen Cohen
Required Signature/Incorporator

11/17/14
Date