

P14000097351

(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



400265697944

10/30/14--01025--008 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 PM 1:17

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: **K Management Co., 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Kirsten Kappus**

Name (Printed or typed)

1275 Barclay Blvd

Address

Buffalo Grove, IL 60089

City, State & Zip

877-894-0073

Daytime Telephone number

kirsten.kappus@sta-is.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING WITH SECRETARY OF STATE

**Please Return All Correspondence Concerning This Matter
To:**

KIRSTEN KAPPUS

STA IMPLEMENTATION SERVICES, LLC

1275 BARCLAY BLVD.

BUFFALO GROVE, IL 60089
(877) 894-0073



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

KIRSTEN KAPPUS
1275 BARCLAY BLVD
BUFFALO GROVE, IL 60089

SUBJECT: K MANAGEMENT CO., INC.
Ref. Number: W14000066584

We have received your document for K MANAGEMENT CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 914A00023446

APPROVED
AND
FILED

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:

Hole Management Co., Inc.

14 DEC -1 PM 1:18

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2800 Westgate Avenue

West Palm Beach, FL 33409

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

management company

ARTICLE IV SHARES 1,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Lesiak/Director

Name and Title:

Address 2800 Westgate Avenue

Address:

West Palm Beach, FL 33409

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

(cont.)

14 DEC -1 PM 1:18

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <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: Kevin Lesiak
Address: 2800 Westgate Avenue
West Palm Beach, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Lesiak
Address: 2800 Westgate Avenue
West Palm Beach, FL 33409

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

11/20/14

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

11/20/14

Date