

PISDOOOLISAS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

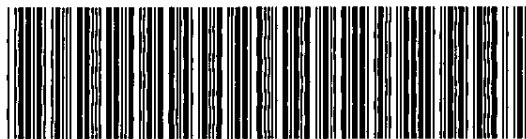
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/16/15--01005--019 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 16 AM 11:17
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILINGS

FILED
15 FEB 16 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: _____

Bobby Krell Co

(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 H Krell

Name (Printed or typed)

4416 Widgeon Way

Address

Tallahassee FL 32303

City, State & Zip

950 559 1287

Daytime Telephone number

zackrell@peoplepc.com

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

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

I BLT Krell I have no intentions of
Constatins Bobby Krell Co. Doc # p13000018285

And I Release the name

BLT Krell

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: Bobby Krell CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4416 Widgeon Way
TALL FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All legitimate Business

ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ 100 #

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Owner

Name and Title: _____

Address: Bbentkrell

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 Krell
Address: 4416 Widgeon Way
TALL FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bobby Krell
Address: 4416 Widgeon Way
TALL FL 32303

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

2/16/15
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

2/16/15
Date

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TALLAHASSEE FLORIDA