

P15000026407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

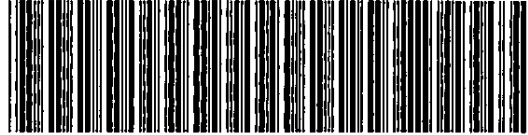
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/15--01007--006 **70.00

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15 MAR 19 AM 2:18
SEVEN DAY OF STATE
TALLAHASSEE FLORIDA

WLS-16529

COVER LETTER

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

SUBJECT: Nicole C. Kraus PA

(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: Nicole C. Kraus

Name (Printed or typed)

1912 Raven Manor Drive

Address

Dover, FL 33527

City, State & Zip

(813) 657-7653

Daytime Telephone number

N_stolberger@msn.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2015

NICOLE C. KRAUS
1912 RAVEN MANOR DR
DOVER, FL 33527

SUBJECT: NICOLE C. KRAUS PA
Ref. Number: W15000016529

*PLEASE SEE
CORRECTION
ATTACHED
THANK YOU!*

We have received your document for NICOLE C. KRAUS PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 515A00004718

RECEIVED
15 MAR 19 PM 12:00
JAL/ALAS/ST. C. F. 00000

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: Nicole C. Kraus PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1912 Raven Manor Drive

Dover, FL 33527

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~Any lawful business~~ (MK) TO

ENGAGE IN ANY REAL ESTATE SALES AND
PROPERTY MANAGEMENT WITHIN THE STATE
OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole C. Kraus President

Address: 1912 Raven Manor Drive
Dover, FL 33527

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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15 MAR 19 AM 2:18
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: Nicole C. Kraus

Address: 1912 Raven Manor Drive
Dover, FL 33527

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole C. Kraus

Address: 1912 Raven Manor Drive
Dover, FL 33527

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

Nicole C. Kraus

Required Signature/Registered Agent

2/26/2015

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.

Nicole C. Kraus

Required Signature/Incorporator

2/26/2015

Date

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