

P/S0000 33330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

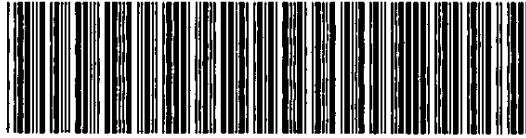
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 APR -9 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Kristina Reed, P.A.

(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: Kristina Reed

Name (Printed or typed)

630 East Ocean Avenue

Address

Boynton Beach, FL 33436

City, State & Zip

561-737-1995

Daytime Telephone number

ReedLKristina@Gmail.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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Kristina Reed, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
630 East Ocean Avenue
Boynton Beach, FL 33435

Mailing address, if different is _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in every phase and
aspect of the business of rendering the professional services
to the public that an attorney at law, duly licensed under the
laws of the State of Florida, is authorized to render.

ARTICLE IV SHARES 100.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kristina Reed, President</u>	Name and Title:	_____
Address	<u>630 East Ocean Avenue</u>	Address:	_____
	<u>Boynton Beach, FL 33435</u>		_____

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

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

(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: Kristina Reed
Address: 630 East Ocean Avenue
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristina Reed
Address: 630 East Ocean Avenue
Boynton Beach, FL 33435

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

Kristina Reed 4-4-15
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.

Kristina Reed 4-4-15
Required Signature/Incorporator Date