

P15000072063

(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



000275843250

08/10/15--01033--001 **70.00

FILED

2015 AUG 31 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FL 32301

~~W2500054756~~
9/2/15

COVER LETTER

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

SUBJECT: Kevin P. Crist, 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: Kevin P Crist

Name (Printed or typed)

4098 Navigator Way

Address

Kissimmee, FL 33896

City, State & Zip

954-326-9940

Daytime Telephone number

Kevinpcrist@gmail.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

August 14, 2015

KEVIN P. CRIST
4098 NAVIGATOR WAY
KISSIMMEE, FL 33896

SUBJECT: KEVIN P. CRIST P.A.
Ref. Number: W15000054756

We have received your document for KEVIN P. CRIST P.A. 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.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 415A00017172

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: Kevin P. Crist P. A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4098 Navigator Way

Kissimmee, FL 33896

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

Engaging in Real Estate Sales & Accounting Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin P Crist, President

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2015 AUG 31 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Kevin P Crist _____

Address: 4098 Navigator Way _____

Kissimmee, FL 33896 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kevin P Crist _____

Address: 4098 Navigator Way _____

Kissimmee, FL 33896 _____

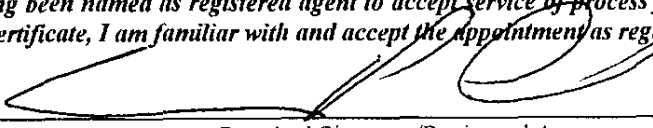
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/31/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

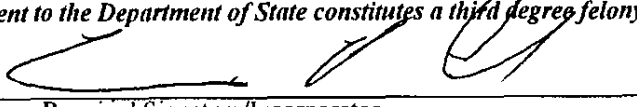


Required Signature/Registered Agent

8/25/2015

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.



Required Signature/Incorporator

8/25/2015

Date