

~~π~~ 09/29/15

COVER LETTER

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

SUBJECT: AQUILA PARTNERS, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JEFFREY KRUPNICK

Name (Printed or typed)

1819 MID OCEAN CIRCLE

Address

SARASOTA, FL 34239

City, State & Zip

941-320-6405

Daytime Telephone number

JEFFKRUPNICK@VERIZON.NET

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)

ARTICLE I NAME

The name of the corporation shall be: AQUILA PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1819 MID OCEAN CIRCLE

SARASOTA, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS AN INVESTMENT BROKERAGE OR TO ENGAGE IN AND DO ANY LAWFUL ACT CONCERNING ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED ACCORDING TO THE LAWS OF THE STATE OF FLORIDA, INCLUDING ALL POWERS AND PURPOSES NOW AND HEREAFTER PERMITTED BY LAW TO A CORPORATION.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY KRUPNICK, PRES/DIR

Name and Title:

Address 1819 MID OCEAN CIRCLE

Address:

SARASOTA, FL 34239

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 22 AM 10:09

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: JEFFREY KRUPNICK
Address: 1819 MID OCEAN CIRCLE
SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

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

Name: JEFFREY KRUPNICK
Address: 1819 MID OCEAN CIRCLE
SARASOTA, FL 34236

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

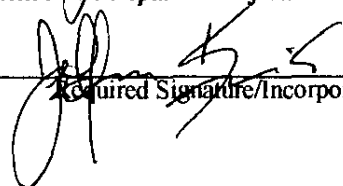
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/21/2015
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

9/21/2015
Date