

14

Office Use Only

## COVER LETTER

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

SUBJECT: KDJ Crystal River, 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  
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: Kimberly La Martina  
Name (Printed or typed)

5944 W. Woodhill Ct.  
Address

Crystal River, FL 34429  
City, State & Zip

352-795-6669  
Daytime Telephone number

brooklyndockside deli 1@yahoo.com  
(E-mail address: (to be used for future annual report notification))

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

APPROVED  
AND  
FILED

15 OCT -7 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: KDJ crystal River, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

300 NW US Hwy 19  
Crystal River, FL 34429

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Provide the public with  
a Deli that provides the freshest ingredients in  
making sandwiches, salads, soups and desserts.  
Seating is impeccably clean and maintained to  
the highest standards of either inside or outside  
dining

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P, Kimberly La Martine Name and Title: \_\_\_\_\_

Address: Kimberly La Martine Address: \_\_\_\_\_

5944 W. Woodhill Ct.  
Crystal River, FL 34429

Name and Title: VP, Joseph La Martine Name and Title: \_\_\_\_\_

Address: Joseph La Martine Address: \_\_\_\_\_

5944 W. Woodhill Ct.  
Crystal River, FL 34429

Name and Title: David Shirley, Tres. Name and Title: \_\_\_\_\_

Address: 5944 W. Woodhill Ct. Address: \_\_\_\_\_

Crystal River FL 34429

APPROVED  
AND  
FILED

15 OCT 12 PM 3:49

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kimberly La Martina  
Address: 5944 W. Woodhill Ct.  
Crystal River, FL 34429

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly La Martina  
Address: 5944 W. Woodhill Ct.  
Crystal River, FL 34429

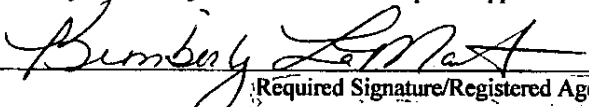
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9-28-15. (OPTIONAL)

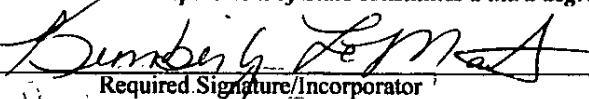
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

<u></u>	<u>9-28-15</u>
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.*

<u></u>	<u>9-28-15</u>
Required Signature/Incorporator	Date