## P15000101631

(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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15 DEC 17 FH ID 09
SECRETARY OF STAFF

17/25/15

## **COVER LETTER**

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

SUBJECT: Kraken	Services, Inc.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	OPY REQUIRED
FROM:	mas E. Stack	e (Printed or typed)	
190	05 Sanderling Dr.		
Cle	ermont, FL 34711	Address	
<del></del>	City,	State & Zip	
352	2-702-8268		
	Daytime T	elephone number	
Sta	cktomas@hotmail.com		
	E-mail address: (to be use	d 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)

The name of the corpor	Kraken Services, Inc.		
ARTICLE II PRIN	Principal street address		Mailing address, if different is:
Clermont, FL 34711			
·		<del> </del>	
ARTICLE III PURF The purpose for which	POSE the corporation is organized is:	and all lawful business	
			<u> </u>
<del></del>			>
			95 J
ARTICLE IV SHAI	RES 100 f stock is:		STAFE 39
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTO		
Name and Tit	le:Tomas E. Stack, DP	Name and Title	Jessica E. Stack, DVS
Address 1905 Sanderling D	1005 Sandarling Drive	Address:	1905 Sanderling Drive
	Clermont, FL 34711		Clermont, FL 34711
		<del></del>	
Name and Title	e:	Name and Title	<u>.                                    </u>
Address	<del></del>	Address:	
Name and Titl	e:	Name and Title	×
Address		Address:	

	3	
Name :	and Title:	Name and Title:
Addre	ess	Address:
<u>ARTICLE VI</u>	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT accep	table) of the registered agent is:
Name:	Tomas E. Stack	
Address:	1905 Sanderling Drive	
	Clermont, FL 34711	
<u>ARTICLE VII</u>	INCORPORATOR	A THE CONTRACTOR OF THE PARTY O
The name and	address of the Incorporator is:	
Name:	Tomas E. Stack	
Address:	1905 Sanderling Drive	EH EN OP OF CAPE OF STAFE
	Clermont, FL	
Effective date, (If an effective days after the Note: If the days	filing.)	. (OPTIONAL) d cannot be more than five business days prior or 90 business plicable statutory filing requirements, this date will not be listed as ecords.
		process for the above stated corporation at the place designated in not as registered agent and agree to act in this capacity
		12/10/2015
	Required Signature/Registered Ag	ent Date
	ocument and affirm that the facts stated her e Department of State constitutes a third degr	rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
		12/10/2015
Req	uiréd Signature/Incorporator	Date

 $(Y_{i,j})_{i=1,\dots,n}$