

P16000005564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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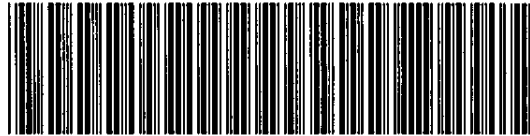
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 6 2016
FILING OFFICE
TALLAHASSEE, FLORIDA

JAN 20 2016
S. GILBERT

COVER LETTER

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

SUBJECT: KRIM FLOORS CORP
(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: MAIDELYS LOPEZ
Name (Printed or typed)

11119 W OKEECHOBEE RD UNIT 107
Address

HIALEAH GARDENS, FL 33018-4232
City, State & Zip

305-978-7750
Daytime Telephone number

SABELLAOK@YAHOO.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)

ARTICLE I NAME

The name of the corporation shall be:

KRIM FLOORS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11119 W OKEECHOBEE RD UNIT 107
HIALEAH GARDENS FL
33018-4232

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS TRANSACTION

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(P.V.S.T.D.)

Name and Title: MAIDELYS LOPEZ

Name and Title:

Address 11119 W OKEECHOBEE RD

Address:

UNIT 107

HIALEAH GARDENS, FL 33018-4232

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF 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: MAIDELYS LOPEZ
Address: 11119 W OKEECHOBEE RD UNIT 107
HIALEAH GARDENS, FL 33018-4232

ARTICLE VII INCORPORATOR

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

Name: MAIDELYS LOPEZ
Address: 11119 W OKEECHOBEE RD UNIT 107
HIALEAH GARDENS FL 33018-4232

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
1-2-16
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
1-2-16
Date