

## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Fax Number

Phone : (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Add	ressi

FLORIDA PROFIT/NON PROFIT CORPORATION

KRISTIE'S SUPPORT SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Corporate Filing Menu

#4006 P.002/003

#3852 P.002/003

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I . NAME: The name of the corporation is:	THE MANY OF STATE
Kristie's Support Services . Inc	Patrick Control See 1 50
ARTICLE II PRINCIPAL OFFICE:	•
The principal street address and mailing address is:  801 NW BIVEY SIOP DR	
Port St Lucie, FL 34983	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INTIIAL DIRECTORS AND/OR OFFICEI	<u> </u>
Kristie Holley - President	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET A	
The name and Florida street address (PO Box not acceptable) of the registe	ered agent is:
Kristie Holley	
Stol NW Riverside DR	<u>.</u>
Port-St Lucie, FL 34983	
ARTICLE VI INCORPORATOR: The name and address of the Inc	corporator is:
· Kristie Holley	
861 NW Priperside PR	* •
Don't St-Wick Fl 34983	

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## Required Signatures:

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

Kristie Holler 1/20/12
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.

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