

P16000006001

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CORPORATIONS
16 JAN 11 PM 2:35

✓ 01/22/16

COVER LETTER

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

SUBJECT: Karma Collars, 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 ^{CR}
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cindy Ramaker
Name (Printed or typed)

5365 N.W. North Lanett Circle
Address

Port Saint Lucie, FL 34986
City, State & Zip

772-204-6098
Daytime Telephone number

karmacollars@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: Karma Collars, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8365 N.W. North Lanett Circle
Port Saint Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: manufacturing Leather collars
for sale to the public

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cindy Rammaker President Name and Title: _____

Address: 5365 NW N. Lanett Circle Address: _____

Port Saint Lucie, FL 34986

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF
INCORPORATIONS
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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: Cindy Ramaker
Address: 5365 N.W. N. Lanett Circle
Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATOR

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

Name: Cindy Ramaker
Address: 5365 N.W. N. Lanett Circle
Port Saint Lucie, FL 34986

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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

Cindy Ramaker 1/6/16
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.

Cindy Ramaker 1/6/16
Required Signature/Incorporator Date