

PI6000007736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

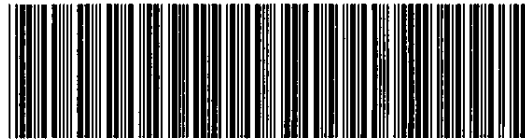
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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01/11/16--01027--021 **78.75

FILED
16 JAN 11 PM 3:36
CLERK, STATE
OFFICE, SEAS. FLORIDA

JAN 27 2016

S. GILBERT

COVER LETTER

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

SUBJECT: K R S L 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: KARLA STEED LAYFIELD
Name (Printed or typed)

836 N.E. 11th Ave
Address

Ocala, FL 34470
City, State & Zip

860-990-0956
Daytime Telephone number

karla1518@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: KRSL Inc.

16 JAN 11 PM 3:36

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: STATE OF FLORIDA

836 NE 11th Ave
Ocala, FL 34470

PO Box 1654
Ocala, FL 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COURT REPORTING/STENOGRAPHIC SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Karla Steed Layfield</u>	Name and Title:	_____
Address	<u>836 NE 11th Ave</u> <u>Ocala, FL 34470</u>	Address:	_____

Name and Title:	<u>Kelly Layfield/Secretary</u>	Name and Title:	_____
Address	<u>836 NE 11th Ave</u> <u>Ocala, FL 34470</u>	Address:	_____

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

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: Karla Steed Layfield
Address: 836 NE 11th Ave
Ocala, FL 34470

ARTICLE VII INCORPORATOR

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

Name: Karla Steed Layfield
Address: 836 NE 11th Ave
Ocala, FL 34470

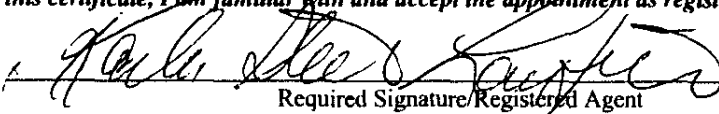
ARTICLE VIII EFFECTIVE DATE:

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.)

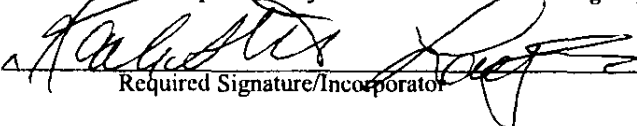
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1-8-16
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

1-8-16
Date