

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Karpa Hospitality, Inc.**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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16 FEB 16 11:35  
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**COVER LETTER**

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

**SUBJECT:** KARPA HOSPITALITY, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** PAOLA A. PALACIO  
Name (Printed or typed)

2687 RUTLEDGE CT.  
Address

WINTER HAVEN, FL 33884  
City, State & Zip

512-799-8799  
Daytime Telephone number

CMMCPAJJB@GMAIL.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)

16 FEB 16 11:11 35

**ARTICLE I NAME**  
The name of the corporation shall be: KARPA HOSPITALITY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

Mailing address, if different is:  
2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PAOLA A. PALACIO, PRESIDENT  
Address: 2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

Name and Title: NICKOLAS J. CARAXIS, SEC.  
Address: 2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: PAOLA A. PALACIO  
Address: 2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAOLA A. PALACIO  
Address: 2687 RUTLEDGE CT.  
WINTER HAVEN, FL 33884

**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

2/15/16  
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

2/15/16  
Date