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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

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

SUBJECT: KARL MERRELIN PA. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:		
□ √\$ 70,00	□ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
3	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			
					
FROM:	HARL WERR L	FIN			
	Name	(Printed or typed)			
	17/15 DIV	Ma 100 0	1 . 2 . 6 . 0		
15665 ROLLING METADOW CIR.					
	r	ruuress			
WELLINGTON TO 33414 City, State & Zip					
	City,	State & Zip	3 9 . /		
	$C' \cup C \cap C$	A 4 . A			
Headlands-la	561-703- Daytime T	8617			
	-	•			
	E-mail address: (to be used	IN B KW. C	om		
	E-mail address: (to be used	for future annual report i	notification)		

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporate	ion shall be: KARL W	ERR LET	N PA.	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address, if d	ifferent is:
15665 R	OLLING MEADOW	C12	SAME	
	TON FL 33414	PRESTRU (L.)		
ARTICLE III PURPO The purpose for which th	SE te corporation is organized is:	BELLING	PLACE	TATE
				<u> </u>
				E
	- Charles			SSE F
W 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19			, ;	유 유 유 유 유 유 유 유
ARTICLE IV SHARE The number of shares of s				新 第
•	LOFFICERS AND/OR DIRECTORS KARL WERRILIW	•	le:	
Address	15665 Rolling ME	MDMddfess.		
	WELLINGTEN FL 3341	<u> </u>		
Name and Title:		Name and Tit	le:	
Address			·	
		· ·····		
Name and Title:_		Name and Titl	le:	
Address		Address:		

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGEN The name and Florida street address (F	T P.O. Box NOT acceptable) of the registered agent is:	5.
Name: KARL WET		ECC AR
• •		
MESTINGO	EN FC 33414	OF AN O
ARTICLE VII INCORPORATOR		¥™ Ø
The <u>name and address</u> of the Incorporate	or is:	
	CRRIEIN	
	olling MEADOW CIR	
WELLING	4N FL 33414	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fi (If an effective date is listed, the date i days after the filing.)		ays prior or 90 business
Note: If the date inserted in this block of the document's effective date on the Dep	does not meet the applicable statutory filing requirements, this partment of State's records.	is date will not be listed as
Having been named as registered agent this certificate, I am familiar with and a	to accept service of process for the above stated corporatio ccept the appointment as registered agent and agree to act in	n at the place designated in this capacity
- Counties Ide		3/8/16
Required Sign	nature/Registered Agent	Date
I submit this document and affirm that document to the Department of State coi	the facts stated herein are true. I am aware that the false institutes a third degree felony as provided for in s.817.155, F	information submitted in a T.S.
hemore front		3/8/11
Required Signature/Incorpora	ator	Date