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PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 18 PM 4:21

TLH
4-19-16

COVER LETTER

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

SUBJECT: WALTER Kosmowski Enterprises 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

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

FROM: WALTER Kosmowski
Name (Printed or typed)

1107 South EAST 29th street
Address

CAPE CORAL Florida 33904
City, State & Zip

732-309-8395
Daytime Telephone number

Mr. Wander FyL 1006 AT AOL.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: WALTER Kosmowski Enterprises INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1107 South EAST 29th street

CAPE Coral Florida

33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Improvement /

handy man services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER Kosmowski Name and Title: _____

Address President 1107 S.E. Address: _____

29th Street CAPE _____

CorAL Florida 33904 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA
15 APR 18 PM 4:24

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: WALTER Kosmowski
 Address: 1107 S.E. 29th Street
CAPE CORAL Florida 33904

16 APR 13 PM 4:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER Kosmowski
 Address: 1107 S.E. 29th Street
CAPE CORAL Florida 33904

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

Walter Kosmowski _____ 4-16-2016
 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.

Walter Kosmowski _____ 3-30-16
 Required Signature/Incorporator Date