

P16000042570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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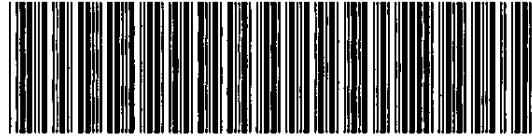
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/03/16--01035--019 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY -9 AM 8:20

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7/18/16

## COVER LETTER

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

**SUBJECT:** Kristy Darragh, P.A.

(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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Kristy Darragh  
\_\_\_\_\_  
Name (Printed or typed)

5001 Davenshire way  
\_\_\_\_\_  
Address

Tampa, FL. 33647  
\_\_\_\_\_  
City, State & Zip

813 784 7080  
\_\_\_\_\_  
Daytime Telephone number

kristyd@realtor.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: Kristy Darragh, P.A.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5001 Davenshire way

Tampa, FL. 33647

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: sales

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristy Darragh , President

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

Address 5001 Davenshire way

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

Tampa, FL. 33647

Name and Title: Michael Darragh Vice President

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

Address 5001 Davenshire way

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

Tampa, FL. 33647

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

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

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TALLAHASSEE  
FLORIDA  
JAN 9 9 AM 8:20

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: Michael Darragh  
Address: 5001 Davenshire way  
Tampa, FL. 33647

**ARTICLE VII INCORPORATOR**

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

Name: Michael Darragh  
Address: 5001 Davenshire way  
Tampa, FL. 33647

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 AM 8:20

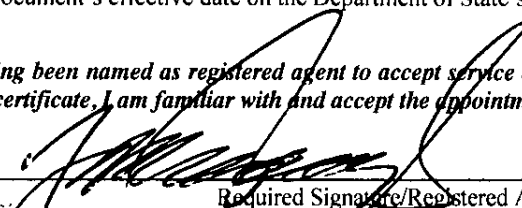
**ARTICLE VIII EFFECTIVE DATE:**

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.)

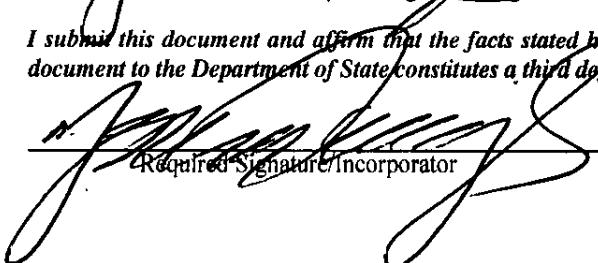
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/4/16  
\_\_\_\_\_  
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

5/4/16  
\_\_\_\_\_  
Date