

P16000091832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

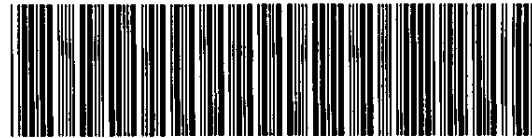
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/16--01008--002 **70.00

2016 NOV 15 PM 3:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/16 BY 60322
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

N. SAMS

NOV 17 2016

COVER LETTER

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

SUBJECT: K-LA RECOVERY 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

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

FROM: EDWIN ROBINSON

Name (Printed or typed)

8018 NW 27TH PL

Address

SUNRISE, FL 33322

City, State & Zip

954-401-3150

Daytime Telephone number

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: K-LA RECOVERY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8018 NW 27TH PL

SUNRISE, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any or all lawful business permitted under the laws of the United States and the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN ROBINSON - PRESIDENT

Name and Title: LANA JACKSON-VICE PRESIDENT

Address 8018 NW 27TH PL

Address: 8018 NW 27TH PL

SUNRISE, FL 33322

SUNRISE, FL 33322

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

26 NOV 15 PM 3:00
CLARK COUNTY, FL
RECEIVED

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: EDWIN ROBINSON

Address: 8018 NW 27TH PL

SUNRISE, FL 33322

ARTICLE VII INCORPORATOR

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

Name: EDWIN ROBINSON

Address: 8018 NW 27TH PL

SUNRISE, FL 33322

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 days prior or 90 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

x Edwin K Robinson
Required Signature/Registered Agent

+ 11-9-2016
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.

x Edwin K Robinson
Required Signature/Incorporator

+ 11-9-2016
Date

2016 NOV 15 PM 3:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA