

1700004021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

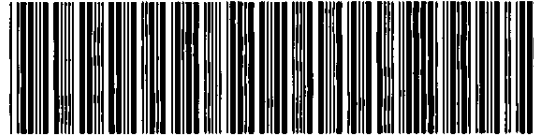
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293763696

FILED
JAN 17 PM 9:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

01/17/17--01004--006 **70.00

17 JAN 17 AM 10:58
SUPERVISOR OF FILING

COVER LETTER

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

SUBJECT: Robert Krell 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

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Robert H Krell
Name (Printed or typed)

4416 Widgeon Way
Address

Tallahassee FL 32303
City, State & Zip

850 559 1287
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN 17 PM 9:34

FILED

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: Robert Krell INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4416 Widgem Way
Tallahassee FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: remodeling

FILED
17 JAN 17 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert H Krell Name and Title: _____

Address: Owner Address: _____

4416 Widgem Way
Tallahassee FL 32303

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: Robert Krell 4416 Widgeon Way

Address: Tallahassee FL 32303

FILED
17 JAN 17 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert Krell

Address: 4416 Widgeon Way
Tallahassee FL 32303

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

Robert Krell

Required Signature/Registered Agent

1/12/17

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.

Robert Krell

Required Signature/Incorporator

1/12/17

Date