

P/700002/8/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

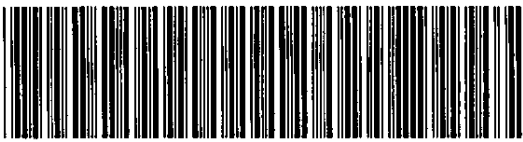
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/22/17--01017--001 \*\*70.00

FILED  
17 MAR 10 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-015916

03/13/17

March 8, 2017

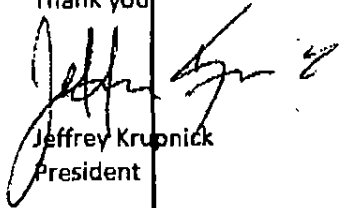
Thomas Chang  
Florida Department of State  
Division of Corporations  
P.O. Box 6827  
Tallahassee, FL 32314

Re: Ref Number: W17000015916

Thomas,

I do not wish to reinstate AQUILA PARTNERS, INC. under document number P15000080182. Please see the attached rejection letter for new filing as reference.

Thank you



Jeffrey Krupnick  
President

FILED  
17 MAR 10 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2017

JEFFREY KRUPNICK  
1819 MID OCEAN CIR.  
SARASOTA, FL 34239

SUBJECT: AQUILA PARTNERS, INC.  
Ref. Number: W17000015916

We have received your document for AQUILA PARTNERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000080182.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 417A00003525

**COVER LETTER**

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

**SUBJECT:** AQUILA PARTNERS, 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: JEFFREY KRUPNICK  
Name (Printed or typed)

1819 MID OCEAN CIRCLE  
Address

SARASOTA, FL 34239  
City, State & Zip

941-320-6405  
Daytime Telephone number

JEFFKRUPNICK@VERIZON.NET  
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: AQUILA PARTNERS, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1819 MID OCEAN CIRCLE  
SARASOTA, FL 34239  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO OPERATE AS AN INVESTMENT BROKERAGE OR TO  
ENGAGE IN AND DO ANY LAWFUL ACT CONCERNING ANY OR ALL LAWFUL BUSINESSES FOR WHICH  
CORPORATIONS MAY BE INCORPORATED ACCORDING TO THE LAWS OF THE STATE OF FLORIDA,  
INCLUDING ALL POWERS AND PURPOSES NOW AND HEREAFTER PERMITTED BY LAW TO A  
CORPORATION.

**ARTICLE IV SHARES** 500  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>JEFFREY KRUPNICK, PRES/DIR</u>	Name and Title:	_____
Address:	<u>1819 MID OCEAN CIRCLE</u>	Address:	_____
	<u>SARASOTA, FL 34239</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

FILED  
17 MAR 10 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: JEFFREY KRUPNICK  
 Address: 1819 MID OCEAN CIRCLE  
SARASOTA, FL 34239

**ARTICLE VII INCORPORATOR**

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

Name: JEFFREY KRUPNICK  
 Address: 1819 MID OCEAN CIRCLE  
SARASOTA, FL 34239

FILED  
 17 MAR 10 AM 7:30  
 SECRETARIAT OF STATE  
 TALLAHASSEE, FLORIDA

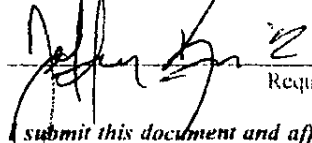
**ARTICLE VIII EFFECTIVE DATE:**

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.)

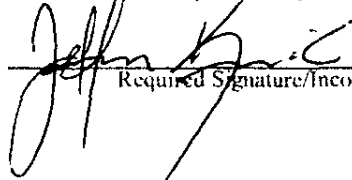
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature/Registered Agent

2/17/2017  
 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

2/17/2017  
 Date