

P17000073805

(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



900303300309

09/06/17--01004--026 **87.50

17 SEP -6 AM 11:59
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 09/01/17

09/06/17

COVER LETTER

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

SUBJECT: THEODORE KRAUT, 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

SBT
check #
6286
ATTACHED

FROM: THEODORE KRAUT
Name (Printed or typed)
1681 ORION LANE
Address
WESTON, FLORIDA 33327
City, State & Zip
954-253-4852
Daytime Telephone number
LUCKYRED4@MSN.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: THEODORE KRAUT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1681 ORION LANE
WESTON, FLORIDA 33327

Mailing address, if different from:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SALE OF VARIOUS PRODUCTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THEODORE KRAUT

Name and Title: PRESIDENT

Address

1681 ORION LANE
WESTON, FLORIDA 33327

Address:

Name and Title: ANN KRAUT

Name and Title: VICE PRESIDENT

Address

1681 ORION LANE
WESTON, FLORIDA
33327

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: THEODORE KRAUT
Address: 1681 ORION LANE
WESTON, FLORIDA 33327

ARTICLE VII INCORPORATOR

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

Name: THEODORE KRAUT
Address: 1681 ORION LANE
WESTON, FLORIDA 33327

17 SEP -6 AM 11:59
FILED
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/1/2017, (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

Theodore Kraut

Required Signature/Registered Agent

9/1/2017

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.

Theodore Kraut

Required Signature/Incorporator

9/1/2017

Date