P180000060608

(Red	questor's Name)	-
(Address)		
- (Ada	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

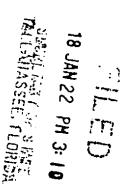
Office Use Only

N. SAMS JAN 22 2018



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2018

JACQUELINE KRUPP 5117 CHIQUITA BLVD S CAPE CORAL, FL 33914

SUBJECT: JACKIE KRUPP P.A. Ref. Number: W18000005124

We have received your document for JACKIE KRUPP P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 518A00001146



Dept of State,
New FILING
DIVISION OF Corporations

ATTN Nadira Sams 850-245-6804

18 JAN 22 PM 3: 10

COVER LETTER

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

SUBJECT:	ACKIE KRUPA (PROPOSED CORPORA	O P. A. ATE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITION OF OR	

FROM:	JACQUELINE KRUPP		
i Rom.	Name (Printed or typed)		
	5117 CHIQUITA BLVD S		
•	Address		
	CAPE CORAL FL 33914 City, State & Zip		
	City, State & Zip		
	239-322-9319 Daytime Telephone number		
	Daytime Telephone number		
	inckiek sells e gmail, com E-mail address: (to be used for future annual report notification)		
	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 NAME The name of the corpora	tion shall be:	JACKIE K	RUPP	P.A.			
<u>article II - princ</u> 5//7 C4/0	CIPAL OFFICE	3		Mailing address, if	different is:		
CAPE COR	AL FL	33914					_
ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL EST. I AM A REALTUR			- ESTATE	ITE TRANSACTIONS			
					M. A.	18 JAN	
					14.SS26	22	
ARTICLE IV SHAR The number of shares of	stock is:				FLORIDA	PM 3: 10	C
		<u>and/or directors</u> S KRUPP PRESI	DENT Name and Title:	:			
Address	5117C	HIQUITA BLUDS IAIL FL 3391	Address:				
Name and Title	::		_ Name and Title:	:			
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	accentable) of the peristered agent is:
Name: JAOKIE KRU	P C
Address: 5/17 CH1QV17	M BLVDS
CAPE CORAL, FL	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: JACKIE KRUP	ρ
Address: 5117 CHIQUIT	H BLVOS FL 339 H
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta	the applicable statutory filing requirements, this date will not be listed as ate's records.
this certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Josephie Ku	m 1-10.2018
Required Signature/Register	ed Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a thir	ed herein are true. I am aware that the false information submitted in a
_ Organlie Kury	m 1-10.20/8
Required Signaturd Incorporator	V Date