## P1800008343

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS



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ALLAHASSEE, FLORING



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2018

KIM KRENEK 901 OSCEOLA ROAD, #206 BELLAIR, FL 33756

SUBJECT: KIM KRENEK, P.A. Ref. Number: W18000002655

We have received your document for KIM KRENEK, P.A. 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 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.

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

18 JAN 23 PM 3: 01

www.sunbiz.org

Letter Number: 918A00000637

## **COVER LETTER**

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

SUBJECT: Kin	n Krenek, P.A.		
30b3ECT	(PROPOSED	CORPORATE NAME - MUS	T INCLUDE SUFFIX)
England are an	anisinal and ana (1) same	, of the emister of important	tion and a aboat fam
Enclosed are an	original and one (1) copy	of the articles of incorpora	RIOH AND A CHECK TOT.
■ \$70.0 Filing Fe	·	□ \$78.75 Filing Fee tatus & Certified 6	S87.50 Filing Fee, Copy Certified Copy & Certificate of Status
		ADDITION	AL COPY REQUIRED
FROM:	Kim Krenek	Name (Drinted on time of	
		Name (Printed or typed	)
	901 Osceola Road, #206		
	<del></del>	Address	
	Belleair, FL 33756		
		City, State & Zip	
	727-262-3181		
		Daytime Telephone number	

kekrenek@gmail.com

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME The name of the corpora	tion shall be:		
ARTICLE II PRINC 901 Osceola Road, #20	Principal street address	Mailing add	dress, if different is:
Belleair, FL 33756			<del></del>
ARTICLE III PURPO	La company to the Coll	ducting activities and doing business	
			18 JAN 2
ARTICLE IV SHAR. The number of shares of	ES FOO		23 PM 3: 06
	AL OFFICERS AND/OR DIRECTO Kim Krenek		
Name and Title  Address	901 Osceola Road, #206	Name and Title:Address:	
	Belleair, FL 33756		
Name and Title		Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address			

Name an	d Title:	Name and Title:		
Address		Address:	Address:	
	<del></del>			
		. –		
	REGISTERED AGENT			
The <u>name and F</u>	lorida street address (P.O. Box NOT a Kim Krenek	cceptable) of the registered agent is:		
Name:	901 Osceola Rd. #206	<del></del>	7 78	
Address:	Belleair, FL 33756	<del></del>	JAN 23	
	Beneal, 11, 55750	<del></del>	23	
ARTICLE VII	INCORPORATOR		AN 23 PM 3:	
The name and a	ddress of the Incorporator is:		PM 3: 06	
Name:	Kim Krenek		# F	
Address:	901 Osceola Rd. #206			
	Belleair, FL 33756			
	<del></del>			
	EFFECTIVE DATE: January 1 other than the date of filing:	, 2018 (OPTION	AL)	
(If an effective d	late is listed, the date must be specifi			
	inserted in this block does not meet th	c applicable statutory filing requirem	ents, this date will not be lis	
the document's e	ffective date on the Department of Stat	e's records.		
Having been nar	ned as registered agent to accept servi	e of process for the above stated con	 rporation at the place design	
this certificate, I	am familiar with and accept the appoin	tment as registered agent and agree	to act in this capacity	
K_	Required Signature/Registere	1 Agent	1.5.18 Date	
I submit this doc	cument and affirm that the facts stated			
4 1780EFFFFFF 17863 MEDE.		degree felony as provided for in s.81	уныс пунаницип эиптп	