

PR0000034399

(Requestor's Name)

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(City/State/Zip/Phone #)

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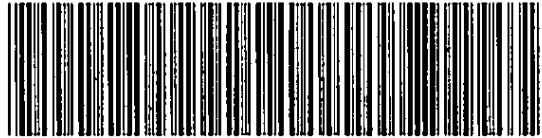
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR 29 PM 5:34

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K. PAGE

## COVER LETTER

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

**SUBJECT:** KRISTIENSEN PAINTING 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:** Julia Greenberg - Aguilar

\_\_\_\_\_  
Name (Printed or typed)

1 Radisson Plaza, Ste. 800

\_\_\_\_\_  
Address

New Rochelle, NY 10801

\_\_\_\_\_  
City, State & Zip

877-330-2677

\_\_\_\_\_  
Daytime Telephone number

thesnotgun6032@gmail.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: KRISTIANSEN PAINTING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
120E 145TH AVE.  
TAMPA, FL 33613

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Painting

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**ARTICLE IV SHARES**

The number of shares of stock is: 5000

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

Name and Title: RAYMOND KRISTIANSEN - President

Address: 120E 145TH AVE.  
TAMPA, FL. 33613

Name and Title: ROBERT EBIE - Vice President

Address: 25950 CLEAN SAGO PL.  
WESLEY CHAPLE, FL. 33544

Name and Title: NAZIR TAVLAN - Secretary

Address: 4872 BAMPA DOWNS BLV.  
LUTZ, FL. 33559

Name and Title: RAYMOND KRISTIANSEN- Treasur

Address: 120E 145TH AVE.  
TAMPA, FL. 33613

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Incorp Services, Inc  
Address: 17888 67th Court North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

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

Name: Elena Malevska  
Address: 1 Radisson Plaza, Ste.800  
New Rochelle, NY 10801

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**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  
03/20/2018  
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  
03/20/2018  
Date