P18000034690

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otate/Zip/) Hone #/				
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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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern,

Please reference application submitted on 712/22/2017 to incorporate Krazy Signs USA INC as an S corporation located at 24742 State Road 54 Lutz, FL 33559 which is currently doing business under the DBA Krazy Signs USA.

As President of said corporation, I request that funds of \$160.00 previously submitted in November, 2012 for failed application ref. Number W12000059208 / Letter Number 112A00028251 be applied to the cost of this application to Incorporate Krazy Signs USA.

Please return any unused funds and/or alert me if additional funds are needed.

I appreciate your assistance in this matter and the completion of my application.

Sincerely,

Gene R. Walters, Il 9102 Regents Park Dr Tampa, Fl 33647

gwalters5@yahoo.com

813.892.3370

COVER LETTER

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

SUBJECT: Krazy S	Signs USA, INC					
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM:	ene R Walters II Nam	e (Printed or typed)				
910	02 Regents Park Dr					
Address						
Ta	mpa, FL 33647					
City. State & Zip						
813	3-892-3770					
	Daytime Telephone number					
gw	alters5@yahoo.com					
	E-mail address: (to be use	ed 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 1 NAME The name of the corpora				
ARTICLE II PRINCIPAL OFFICE Principal street address 24742 State Road 54 Lutz, FL 33559		Mailing addre	ss, if different is:	
		9106 Regents Park Dr		
		Tampa, FL 33647		
· ·	he corporation is organized is:p. Specializing in custom made décor			
			ZOIB APR SECRETA	
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS Gene R Walters II / President		LED 12 PH 3: 10 NE OF STATE SEE, FLORIDA	
Name and Title Address	9106 Regents Park Dr	Name and Title: Address:		
	Tampa, FL 33647			
Name and Title	:	Name and Title:		
Address				
Name and Title	:			
Address				

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICLE VI		
	Florida street address (P.O. Box NOT acceptable) of Gene R Walters, II	the registered agent is:
Name: Address:	9106 Regents Park Dr	
Address.	Tampa, FI 33647	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is: Gene R Walters, II	
Name:	·	
Address:	9106 Regents Park Dr	
	Tampa, FL 33647	
ADTICLE VIII	EFFECTIVE DATE: April 1st 2018	
Effective date.	if other than the date of filing: date is listed, the date must be specific and cannot	. (OPTIONAL)
filing.)	date is fisted, the date must be specific and cannot	the more than tive days prior or 50 days after the
		statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's records.	
Having been nu	amed as registered agent to accept service of process I a <mark>rt</mark> familiar with and accept the appointment as reg	for the above stated corporation at the place designated in
inis cerujicule,	ranjamilar van una accept ine appinimental vez	4///
7	Required Signature/Registered Agent	Date
T submit this di	,	true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
\angle	<i>F</i>	
Req	urred Signature/Incorporator	Date /