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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Phone Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION

Dr. K PA

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Help

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

ARTICLE 1 NAME
The name of the corporation shall be: Dr. K PA

ARTICLE II PRINC	I <u>PAL OFFICE</u> Principal <u>street</u> address	Mailing address, if	different is: 🐒
7132 Ashland Gln		7132 Ashland Gln	
Lakewood Ranch, Fl. 3-	4202	Lakewood Ranch, FL 34200	2
ARTICLE III PURPO The purpose for which the			
Any and all lawful busin	ness		
			
			
ARTICLE IV SHARI The number of shares of			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTOR	2	
Name and Title	Daniela Kassabuv - President	Name and Title:	
Address	7132 Ashland Gln	Address:	
***************************************	Lakewood Ranch, FL 34202		
			
			18
Name and Title:		Name and Title:	<u></u>
Address		Address:	
			2
			<u>_</u>
N 1 1 2701.1		57 1.T.A	£.
		Name and Title:	
Address		Address:	

Addres		Address:
TICLE VI name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of Daniela Kassabov	the registered agent is:
idress:	7132 Ashland Gln	
	Lakewood Ranch, F1. 34202	
TICLE VII	INCORPORATOR	
e <u>name and</u>	address of the Incorporator is:	
Name:	Daniela Kassabov	-
Address:	7132 Ashland Gln	_
	Lakewood Ranch, FL 34202	-
fective date	I EFFECTIVE DATE: if other than the date of filing: t date is listed, the date must be specific and canno	. (OPTIONAL) It be more than five days prior or 90 days after the
ite: If the da	ate inserted in this block does not meet the applicable seffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
tving been n is certificate,	named as registered agent to accept service of process I am famillar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	16 is sabole	12/03/2018
	Required Signature/Registered Agent	Date 👼 🗎
ubmit this d cument to th	locument and affirm that the facts stated herein are ne Department of State constitutes a third degree felon	true. I am aware that the false information submitted in being as provided for in \$817.155, F.S.
	the salole	12/03/2018
	quired Signature/incorporator	Date