

P20000029571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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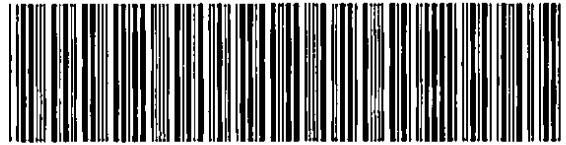
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/13/20--01031--016 **87.30

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2020 APR 13 PM 3:20

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

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

SUBJECT: Karl Julius Company, 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: John Kronberg Sr
Name (Printed or typed)

117 Phillip Ave
Address

Interlachen FL 32148
City, State & Zip

352-316-6208
Daytime Telephone number

j.watterworld224@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: Karl Julius Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

117 Phillip Ave

Interlachen Florida 32148

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To design and market and produce quality presentation awards and Hierloom memorials with fenestration of gold, silver, pewter and other materials. To engage in any other activity or venture as may be legal and allowed, including to hold title to plant and equipment, land, and real property.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Kronberg Sr. Mgr.

Name and Title: Jennifer Boughton mgr. QC.

Address 117 Phillip Ave
Interlachen FL 32148

Address: 22 George St
Wallingford, CT 06492

Name and Title: John Kronberg Jr. V.P. asst mgr

Name and Title: _____

Address 111 Liberty St 2F
Meriden, CT 06450

Address: _____

Name and Title: Michael Kronberg VP asst mgr

Name and Title: _____

Address 3313 Longridge Dr
Del City, OK 73115

Address: _____

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CLERK OF SUPERIOR COURT
JENNIFER BOUGHTON

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: John Kronberg Sr.
Address: 117 Phillip Ave
Interlachen FL 32148

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Kronberg Sr.
Address: 117 Phillip Ave
Interlachen FL 32148

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.)

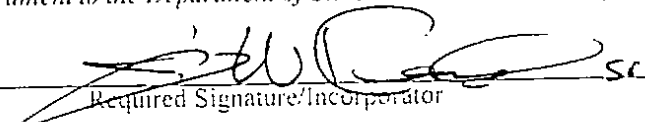
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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

Date