

P20000036220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

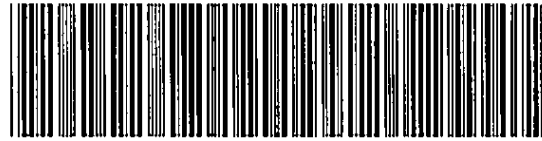
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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300343252143

05/12/20--01024--002 \*\*78.75

FILED  
2020 MAY 12 PM 12:23  
Clerk of Court

## COVER LETTER

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

**SUBJECT:** KOA Management, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kathleen Diedrich  
Name (Printed or typed)  
1250 Barclay Blvd  
Address  
Buffalo Grove, IL 60089  
City, State & Zip  
877-894-0073  
Daytime Telephone number  
knovo@wescon.construction  
E-mail address: (to be used for future annual report notification)

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-12-20 BY 60322 UCBAW

2020 MAY 12 PM 12:23

FILED

**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: KOA Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

305 North Dr., Suite C

Melbourne, FL 32934

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to act as a management company

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2020 MAY 12 PM 12:23  
CLERK OF DISTRICT COURT  
JULIA A. SASSI

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Kristen Novo, Director

Address: 305 North Dr., Suite C

Melbourne, FL 32934

Name and Title: Sergio Novo, Director

Address: 305 North Dr., Suite C

Melbourne, FL 32934

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

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

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

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

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: Kristen Novo

Address: 305 North Dr., Suite C  
Melbourne, FL 32934

**ARTICLE VII INCORPORATOR**

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

Name: Kristen Novo

Address: 305 North Dr., Suite C  
Melbourne, FL 32934

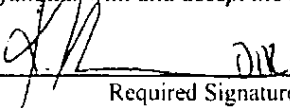
**ARTICLE VIII EFFECTIVE DATE:**

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

05/21/2020  
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

05/21/2020  
Date

## **FILING WITH SECRETARY OF STATE**

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**Please Return All Correspondence Concerning This Matter  
To:**

**KATHLEEN DIEDRICH**

**TAVAS IMPLEMENTATION SERVICES, LLC**

**1250 BARCLAY BLVD.**

**BUFFALO GROVE, IL 60089**

**(877) 894-0073**

**[kathleen.diedrich@tavasllc.com](mailto:kathleen.diedrich@tavasllc.com)**