

P2 00000 914 85

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

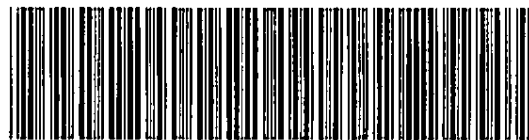
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/20--01006--018 **87.50

W2 0000/28331
Derrick Thompson
12/01/2020

COVER LETTER

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

SUBJECT: _____

GARY KINNER, PA

(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: _____

GARY KINNER

Name (Printed or typed)

1721 SE 17th ST Apt #47

Address

FORT LAUDERDALE, FL 33316

City, State & Zip

201-446-9526

Daytime Telephone number

GARYKINC@AOL.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:

GARY KONNER, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1721 SE 17th st
B47

Ft. Lauderdale, FL 33316

Mailing address, if different is:

1721 SE 17th st
B47

Ft. Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

GARY KONNER (P)

Name and Title:

Address

1721 SE 17th st
B47

Address:

Ft. Lauderdale FL
33316

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Gary Konner

Address: 1721 SE 17th st

#847

FT. LAUDERDALE, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Konner

Address: 1721 SE 17th st

#847

FT LAUDERDALE, FL 33316

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ASAP (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

Gary Konner

Required Signature/Registered Agent

10/21/20
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.

Gary Konner

Required Signature/Incorporator

10/21/20
Date

Gary Konner, PA

1721 SE17th St. #847
Ft Lauderdale, FL 33316
garykinc@aol.com
201.446.9526

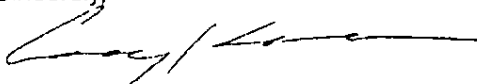
November, 18, 2020

Dear Mr. Thompson,

This letter is to inform you that I have no intent to reinstate the name in conflict Doc # P19000016879 and therefore am releasing the name for use to another entity.

I appreciate your handling of the matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Konner", written over a horizontal line.

Gary Konner
Ref. Number
W20000128331