

Florida Department of State

Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : EXPERTAX
Account Number : I20200000010
Phone : (407)777-7470
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KL GRAPHIC STUDIO INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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2021-APR-15 AM 11:00

2021 APR 15 AM 11:30

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COVER LETTER

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

SUBJECT: KL GRAPHIC STUDIO, 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: CLAUDIA GUERRERO

Name (Printed or typed)

10000 PALMA LINDA WAY APTD 402

Address

ORLANDO, FL 32836

City, State & Zip

407-9549904

Daytime Telephone number

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: KL GRAPHIC STUDIO, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10000 PALMA LINDA WAY APTD 402

10000 PALMA LINDA WAY APTD 402

ORLANDO, FL 32836

ORLANDO, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: VICE-PRESIDENT

Address: CLAUDIA GUERRERO

Address: KEYSARITH CARRUYO

10000 PALMA LINDA WAY APTD 402

10000 PALMA LINDA WAY APTD 402

ORLANDO, FL 32836

ORLANDO, FL 32836

Name and Title: DIRECTOR

Name and Title: _____

Address: LEONARDO CEDENO

Address: _____

10000 PALMA LINDA WAY APTD 402

ORLANDO, FL 32836

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: CLAUDIA GUERRERO
Address: 10000 PALMA LINDA WAY APT 402
ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIA GUERRERO
Address: 10000 PALMA LINDA WAY APT 402
ORLANDO, FL 32836

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

04/15/2021
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

04/15/2021
Date

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