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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

2021 OCT -4 PM 4:23

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

KATVIG INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

2021 OCT -4 PM 3:00

Electronic Filing Menu Corporate Filing Menu Help

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 KATVIG INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
107 CEDAR CREST COURT	107 CEDAR CREST COURT
NAPLES, FL 34113	NAPLES, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	KATHRYN KVAS-PRES	Name and Title	
Address	107 CEDAR CREST COURT	Address	
	NAPLES, FL 34113		
Name and Title	VIGNESH SESHADRI-VP	Name and Title	
Address	107 CEDAR CREST COURT	Address	
	NAPLES, FL 34113		
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: KATHRYN KVAS

Address 107 CEDAR CREST COURT

NAPLES, FL 34113

ARTICLE VII INCORPORATOR

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

Name KATHRYN KVAS

Address 107 CEDAR CREST COURT

NAPLES, FL 34113

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SEC. OF STATE
TALLAHASSEE, FL

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 business days prior or 90 business 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

_____ 9.29.2021

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.

_____ 9.29.2021

Required Signature/Incorporator Date