

P21 000086310

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6361

From:

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

****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

TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be KATVIG INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
107 CEDAR CREST COURTNAPLES, FL 34113Mailing address, if different is,
107 CEDAR CREST COURTNAPLES, 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.**ARTICLE IV SHARES**The number of shares of stock is, 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title KATHRYN KVAS-PRESAddress 107 CEDAR CREST COURTNAPLES, FL 34113

Name and Title _____

Address _____

Name and Title VIGNESH SESHADRI-VPAddress 107 CEDAR CREST COURTNAPLES, FL 34113

Name and Title _____

Address _____

Name and Title _____

Address _____

Name and Title _____

Address _____

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FALLA VASSEE, FL

Name and Title _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe name and address of the Incorporator is.

Name: KATHRYN KVAS

Address: 107 CEDAR CREST COURT

NAPLES, FL 34113

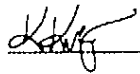
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ARTICLE VIII EFFECTIVE DATE:

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*

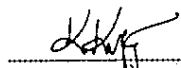
 _____

Required Signature/Registered Agent

9.29.2021

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

9.29.2021

Date