

P25000001028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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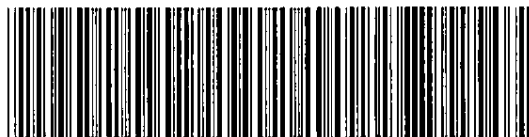
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/07/25-01005-011 20th 70.00

2017

2025 JAN -7 PM 12:57

COVER LETTER

RECEIPT FOR SUBMISSION:
24-0296 - ASHLEY

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

SUBJECT: KARMA BUILDERS 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: ADRIAN MIDDLETON, ESQ

Name (Printed or typed)

1437 MARKET ST

Address

TALLAHASSEE, FL 32312

City, State & Zip

850 815 0256

Daytime Telephone number

BIZ@SWORDANDSHIELD.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: KARMA BUILDERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5342 Clark Rd PMB 41673

Sarasota FL 34233

Mailing address, if different is:

<- SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P - EDWIN ASHLEY Name and Title: _____

Address: 5342 Clark Rd PMB 41673 Address: _____

Sarasota FL 34233 _____

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: SWORD & SHIELD LLC
Address: 1437 MARKET ST
TALLAHASSEE FL 32312

ARTICLE VII INCORPORATOR

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

Name: KAREN ARIZA
Address: 1437 MARKET ST
TALLAHASSEE FL 32312

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

/S/ KAREN ARIZA 1/6/25
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.

/S/ KAREN ARIZA 1/6/25
Required Signature/Incorporator Date