

P25000009886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

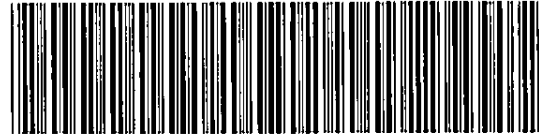
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 FEB 20 9:47

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RECEIVED
STATE
CLERK
OFFICE

2025 FEB 20 PM 12:25

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 2/20/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1351591

ORDER ENTITY
KROW HOLDINGS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
KROW HOLDINGS INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

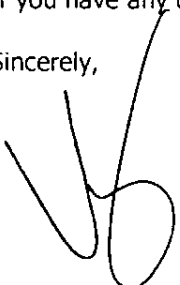
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Krow Holdings 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: Susan Erickson c/o Fredrikson & Byron, P.A.
Name (Printed or typed)

60 South Sixth Street, Suite 1500
Address

Minneapolis, MN 55402
City, State & Zip

612-492-7752
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.

7055555 20 06 03 506

FILED

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: Krow Holdings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

760 NW Enterprise Drive

760 NW Enterprise Drive

Port St. Lucie, FL 34986

Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding company

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Domenic Iacovone, President Name and Title: _____

Address 760 NW Enterprise Drive Address: _____

Port St. Lucie, FL 34986 _____

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Domenic Iacovone

Address: 760 NW Enterprise Drive

Port St. Lucie, FL 34986

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

Alexandra Soukeras

Required Signature/Registered Agent

2/19/2025

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.

Decoded by:

DOMENIC IACOVONE

Required Signature/Incorporator

Domenic Iacovone

2/19/2025

Date

2025 FEB 20 PM 6:47

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