P95000074169

95 SEP 25 AM 9:48

SEPTEMBER 15, 1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: JIM KLOCKOWSKI, INC.

PLEASE FIND ENCLOSED AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF $122.50 FOR A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION.

FROM:JIM KLOCKOWSKI
5533 LEEWARD LANE
NEW PORT RICHEY, FL 34652
813-848-4318

600001598546
-950926-074169-011
****122.50 ****122.50

9-26-95

ARTICLES OF INCORPORATION

FILED

95 SEP 25 PM 6 48

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: JIM KLOCKOWSKI, INC.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 5533 LEEWARD LANE, NEW PORT RICHEY, FL 34652.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 WITH A PAR VALUE OF $1.00 PER SHARE.

ARTICLE FIVE - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: JIM KLOCKOWSKI, 5533 LEEWARD LANE, NEW PORT RICHEY, FL 34652.

ARTICLE SIX - INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE): JIM KLOCKOWSKI, 5533 LEEWARD LANE, NEW PORT RICHEY, FL 34652.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 22 DAY OF September, 1995.

James S. Klockowski

SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: JIM KLOCKOWSKI, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: JIM KLOCKOWSKI,5533 LEEWARD LANE, NEW PORT RICHEY, FL 34652.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: James S. Klockowski

DATE: 9/22/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074169

* Corporate Name

JIM KLOCKOWSKI, INC.

Principal Place of Business

5533 LEEWARD LANE
NEW PORT RICHEY FL 34652

Mailing Address

5533 LEEWARD LANE
NEW PORT RICHEY FL 34652

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/1995

5. FEI Number: 59-3338625 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	JIM KLOCKOWSKI	5533 LEEWARD LANE	NEW PORT RICHEY, FL 34652

210000199415832--1
-11/04/96--01003--003-
****375.00 ****375.00

$87.10/31

8. Name and Address of Current Registered Agent

KLOCKOWSKI, JIM
5533 LEEWARD LANE
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc.

City | State: FL | Zip Code

CR2E040 (7.95)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: James S. Klockowski
REGISTERED AGENT MUST SIGN

Date: 10-25-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

I certify that each officer or director of the corporation, trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: James S. Klockowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-96
Date

813-848-4318
Daytime Phone #

0091781 AF