

P99000063717

TRANSMITTAL LETTER

FILED  
99 JUL 12 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Kozi Kreations, Inc  
(Proposed corporate name - must include suffix)

800002928858--8  
-07/12/99--01109--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARCI KOZIOLEK  
Name (Printed or typed)

6539 Townsend Rd, LOT #232  
Address

Jacksonville, FL 32244  
City, State & Zip

(904) 7726254  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Kozi Kreations, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5513 Roosevelt Blvd, #258  
Jacksonville, FL 32244-2345

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marci Koziolk  
6539 Townsend Rd, Lot #232  
Jacksonville, FL 32244

FILED  
JUL 12 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

marci Koziolek  
6539 Townsend Rd, Lot #232  
Jacksonville, FL 32244

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8<sup>th</sup> day of July, 19 99

(An additional article must be added if an effective date is requested.)

marci Koziolek  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
99 JUL 12 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 Kozi Kreations, Inc

2. The name and address of the registered agent and office is:

Marci Koziolk  
(NAME)

5513 Roosevelt Blvd #258  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32244-2345  
(CITY/STATE/ZIP)

*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.*

Marci Koziolk  
(SIGNATURE)

7/8/99  
(DATE)