

P22000087420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

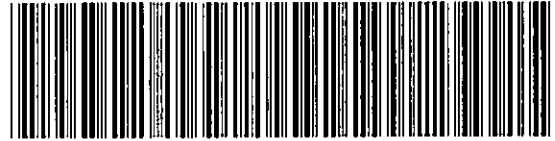
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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S. CHATHAM
NOV 28 2022

11/18/22--01001--008 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV 17 PM 2:39
ALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: PACK Sainark IV Corp.

(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: George G. Pappas
Name (Printed or typed)

1822 N. Belcher Rd., Suite 200
Address

Clearwater, FL 33765
City, State & Zip

727-447-4999
Daytime Telephone number

Kranias.Tina@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2022

CAPITAL CONNECTION, INC.

SUBJECT: PACK SAINARK IV CORP
Ref. Number: W22000144259

SECRETARY OF
TALLAHASSEE, FLORIDA

2022 NOV 22 PM 2:03

RECEIVED

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 422A00025700

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PACK SAINARK IV CORP,

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH _____
Date 11/18/22 _____

Name _____ Time _____

Walk-In _____ Will Pick Up _____

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: PACK Sainark IV Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9600 66th Street
Pinellas Park, FL 33782

Mailing address, if different is:
15605 Eastbourn Dr.
Odessa, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Conduct any & all lawful business practices

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SECRETARY'S OFFICE
DIVISION OF CORPORATIONS
22 NOV 22 AM 10:33

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kranias, Steve Pres

Name and Title: _____

Address 15605 Eastbourn Dr.
Odessa, FL 33556

Address: _____

Name and Title: Kranias, Tina VP

Name and Title: _____

Address 15605 Eastbourn Dr.
Odessa, FL 33556

Address: _____

Name and Title: Kranias, Perikles, Sec

Name and Title: _____

Address 15605 Eastbourn Dr.
Odessa, FL 33556

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: Tina Kranias _____

Address: 15605 Eastbourn Dr. _____

Odessa, FL 33556 _____

ARTICLE VII INCORPORATOR

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

Name: George G. Pappas _____

Address: 1822 N. Belcher Rd., Suite 200 _____

Clearwater, FL 33765 _____

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DIVISION OF CORPORATIONS
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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 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

Required Signature/Registered Agent

11-16-2022
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

11-16-2022
Date