

1/30/23, 11:33 AM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P23000009486

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : HUBCO
 Account Number : 104662003400
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 Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: NEIL@NEILOSULLIVANCPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Kristalz Enchantments Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2023 5 FEB 12:00

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 2023 FEB -6 PM 1:30
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 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 6214 F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Kristalz Enchantments Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 279 Mariner Lane Mailing address, if different is:
Rotonda West, FL 33947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristal Pitera - President/Director Name and Title: _____
Address: 279 Mariner Lane Address: _____
Rotonda West, FL 33947

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: Kristal Pitera

Address: 279 Mariner Lane
Rotonda West, FL 33947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristal Pitera

Address: 279 Mariner Lane
Rotonda West, FL 33947

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

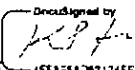
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 <small>DocuSigned by K P Pitera</small>	<u>January 27, 2023</u> Date
Required Signature/Registered Agent <u>Kristal Pitera</u>	

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.

 <small>DocuSigned by K P Pitera</small>	<u>January 27, 2023</u> Date
Required Signature/Registered Agent <u>Kristal Pitera</u>	

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