

P250000008488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

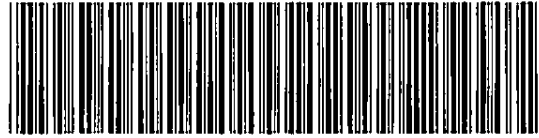
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/14/25--01002--018 50

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2025 FEB 14 PM 9:47

2025 FEB 14 PM 12:22

COVER LETTER

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

SUBJECT: DAVID KARP 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: DAVID KARP
Name (Printed or typed)

1443 MASON AVE
Address

JACKSONVILLE FL 32209
City, State & Zip

904-297-1349
Daytime Telephone number

damikarp81@outlook.com
E-mail address: (to be used for future annual report notification)

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

2005 FEB 16 11:04:47

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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: DAVID KARP INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1443 MASON AVE
JACKSONVILLE FL 32209

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Youth Services,
Social assistants and services for
disabled

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID KARP Name and Title: PRESIDENT

Address: 1443 MASON Address: _____
AVE JACKSONVILLE
FL 32209

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK

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: DAVID KARP

Address: 1443 MASON AVE
JACKSONVILLE FL 32209

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DAVID KARP

Address: 1443 MASON
AVE JACKSONVILLE FL
32209

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

02-14-25
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

Date 02-14-25

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FEB 14 2025
STATE