

P16000067765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

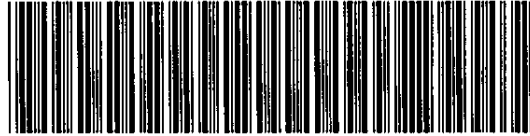
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

774
8/18/16

COVER LETTER

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

SUBJECT: KAIRALI INTERNATIONAL INCORPORATES, 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 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: MARIA I. CASABLANCA
Name (Printed or typed)
98 SOUTHEAST 7TH STREET SUITE 1100
Address
MIAMI, FLORIDA 33131
City, State & Zip
305-982-5523
Daytime Telephone number
akunjappan@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: KAIRALI INTERNATIONAL INCORPORATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6004 Mission Drive, Lakeland, Fl 33812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The corporation shall engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANI KUNJAPPAN/President Name and Title: _____

Address 6004 Mission Drive, Lakeland, Fl 33812 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: ANI KUNJAPPAN
 Address: 6004 Mission Drive, Lakeland, FL 33812

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ARTICLE VII INCORPORATOR

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

Name: ANI KUNJAPPAN
 Address: 6004 Mission Drive, Lakeland, FL 33812

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 business days prior or 90 business 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

07-26-2016
 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

07-26-2016
 Date