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TRANSMITTAL LETTER

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

SUBJECT: Ka	laco Electronics ,Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
S70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87,50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Karl Ladd				
	Name	(Printed or typed)			
	6023 26th Street West # 134				
Address					
Bradenton , Florida 34207 City, State & Zip					
Daytime Telephone number					

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:

Kalaco Electronics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6023 26th Street West Suite 134 Bradenton , Fl 34207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Systems Design

ARTICLE IV SHARES

The number of shares of stock is: 1.000 shares authorized

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Karl Ladd 6023 26th Street West Suite 134 Bradenton, Fl 34207

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Karl Ladd 6023 26th Street West Suite 134 Bradenton,Fl 34207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karl Ladd 6023 26th Street West Suite 134 Bradenton, FI 34207

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

Signature/Registered Agent

Aut Call

Signature/Incorporator

02/06/03 Date

02 06 03 - Date

03 FEB 10 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE FLORID

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