

P05000010088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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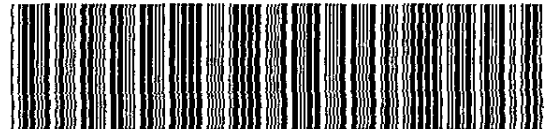
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUN 14 PM 1:33

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1-20

TRANSMITTAL LETTER

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

SUBJECT: Kalo Construction, 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: James J. Kalo

Name (Printed or typed)

506 Shadylawn Avenue

Address

Nokomis, Florida 34275

City, State & Zip

(941) 486-0948

Daytime Telephone number

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Kalo Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

506 Shadylawn Avenue
Nokomis, Florida 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal and lawful construction and remodel of commercial and residential buildings.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 - One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James J. Kalo
506 Shadylawn Avenue
Nokomis, FL 34275
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Kalo
506 Shadylawn Avenue
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James J. Kalo
506 Shadylawn Avenue
Nokomis, FL 34275

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

John Kalo
Signature/Registered Agent

1/10/2005

Date

James J. Kalo
Signature/Incorporator

1/10/2005

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA