

P0500011144

(Requestor's Name)

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(Address)

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(Business Entity Name)

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STATE  
TALLAHASSEE, FLORIDA

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05 AUG 10 PM 4:36

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

8-10-05  
116

## TRANSMITTAL LETTER

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

SUBJECT: KULCHA 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: Timothy Coleman  
Name (Printed or typed)

2992. Bayshore Dr.  
Address

Tallahassee FL 32308  
City, State & Zip

850-212-0709  
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: *KULCHA INC*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2992 Bayshore Dr.  
Tallahassee FL 32308*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO Profit and provide work for Community*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Timothy Coleman CEO  
2992 Bayshore Dr.  
Tallahassee FL 32308*

**ARTICLE VI REGISTERED AGENT**

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

*Timothy Coleman  
2992 Bayshore Dr.  
Tallahassee FL 32308*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Timothy Coleman  
2992 Bayshore Dr.  
Tallahassee FL 32308*

\*\*\*\*\*  
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

*Timothy Coleman*  
\_\_\_\_\_  
Signature/Registered Agent

*8/10/05*  
\_\_\_\_\_  
Date

*Timothy Col*  
\_\_\_\_\_  
Signature/Incorporator

*8/10/05*  
\_\_\_\_\_  
Date