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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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05 AUG 25 PM 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

BURN HIE SHIRM

TRANSMITTAL LETTER

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

| SUBJECT: Koloni | Inc (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDDISUBBIX |
|-------------------------|--|--|--|
| Englaced are an ari | ginal and one (1) copy of the ar | | |
| chelosed are an org | ginal and one (1) copy of the al | ncies of incorporation and | i a check tor. |
| □ \$70.00 Filing Fee | (2) \$78.75 Filing Fee & Certificate of Status | \$78.75 Fifing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: att | anas maynalovski Nam | e (Printed or typed) | |
| | | o (Times of types) | |
| | 4745 stoneview cir | | · . |
| | | Address | |
| | oldsmar,fl 34677 | | |
| | City | y, State & Zip | |
| | 7275158943 | | |
| | Doutima | Talanhana 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:

Koloni,Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4745 stoneview cir oldsmar,FL 34677

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100.000

INITIAL OFFICERS AND/OR DIRECTORS

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

svetlomira ley(president) 4745 stoneview cir oldsmar,FL34677

atanas maynalovski(VP 4745 stoneview cir Olds Mar 34677

REGISTERED AGENT

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

svetlomira ley 4745 stoneview cir oldsmar,FI 34677

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

svetlomira lev 4745 stoneview cir oldsmar,FL34677

| *************************************** |
|---|
| 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 |

08.22.2005

Date

Yanka Maynalovska (VP) 4745 Stoneview Cir

0 ldsmar, FL 34677

08.22.2005

Date

Signature/Incorporator