

PD9000052229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

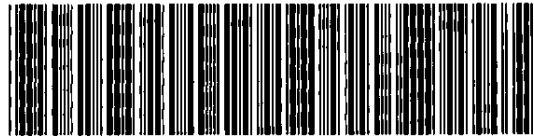
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
6/17

**COVER LETTER**

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

**SUBJECT:** KAMAL 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:** PANKAJ RANA

Name (Printed or typed)

3517 HARLEQUIN DR

Address

ST CLOUD FL 34772

City, State & Zip

321-766-4721

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

KAMAL INC

**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:

KAMAL INC

**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:

3517 HARLEQUIN DR

ST CLOUD, FL 34772

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR PROFIT: A LEGAL ENTERPRISE

**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):

PANKAJ RANA 3517 HARLEQUIN DR ST CLOUD FL 34772 PRESIDENT

MALTIBEN RANA 3517 HARLEQUIN DR ST CLOUD FL 34772 VICE-PRESIDENT

CHANDNI RANA 3517 HARLEQUIN DR ST CLOUD FL 34772 SECRETARY-TREASURER

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

PANKAJ RANA 3517 HARLEQUIN DR ST CLOUD FL 34772

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

PANKAJ RANA 3517 HARLEQUIN DR ST CLOUD FL 34772

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*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

6/10/2009

Date



Signature/Incorporator

6/10/2009

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA