

P/2000015276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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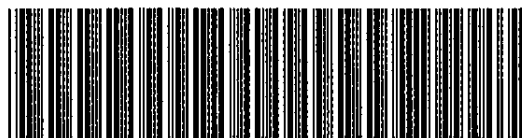
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/2-7131

κ 02/14/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2012

KELLIS PROFFESIONAL DIST CORP
7960 NW 10TH ST
UNIT 3
MIAMI, FL 33126

SUBJECT: KELLIS PROFFESIONAL DIST CORP
Ref. Number: W12000007131

We have received your document for KELLIS PROFFESIONAL DIST CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I and III -- (Name of the Corporation AND Purpose).

It appears that the word PROFFESIONAL in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled PROFFESIONAL. If you did not misspell this word intentionally, please correct the spelling to read PROFESSIONAL and resubmit the document for processing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 112A00004854

COVER LETTER

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

SUBJECT: KELLIS PROFESSIONAL DIST CORP

(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: KELLIS PROFESSIONAL DIST CORP

Name (Printed or typed)

7960 NW 10TH ST UNIT 3

Address

MIAMI, FL - 33126

City, State & Zip

786-553-9751

Daytime Telephone number

ISMAEL@KERALISPROFESSIONAL.COM

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

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 KELLIS PROFESSIONAL DIST CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7960 NW 10TH ST UNIT 3
MIAMI, FL - 33126

Mailing address, if different is:
7960 NW 10TH ST UNIT 3
MIAMI, FL - 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
DISTRIBUTION OF JEWELRY AND BEAUTY PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISMAEL ENG
Address: 7960 NW 10TH ST UNIT 3
MIAMI, FL - 33126

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ISMAEL ENG
Address: 7960 NW 10TH ST UNIT 3
MIAMI, FL - 33126

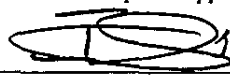
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISMAEL ENG
Address: 7960 NW 10TH ST UNIT 3
MIAMI, FL - 33126


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TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

02/10/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

02/10/2012
Date