

P1 2000028730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

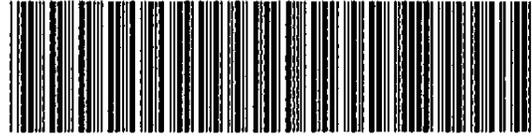
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000225145410

03/22/12--01017--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 PM 1:13

3/26/12

COVER LETTER

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

SUBJECT: Katron Realty Professionals, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ronald Kalish
Name (Printed or typed)

2725 Blowing Breeze Way
Address

Orlando, Florida 32820
City, State & Zip

(407) 448-8332
Daytime Telephone number

ron@webuildstores.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Katron Realty Professionals, Inc

12 MAR 22 PM 1:13

ARTICLE II PRINCIPAL OFFICE

Principal street address
2725 Blowing Breeze Way
Orlando, Florida 32820

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Real Estate brokerage

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Kalish, President Name and Title: _____
Address: 2725 Blowing Breeze Way Address: _____
Orlando, Florida 32820 _____

Name and Title: Kathy kalish, Vice President Name and Title: _____
Address: 2725 Blowing Breeze Way Address: _____
Orlando, Florida 32820 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ronald Kalish
Address: 2725 Blowing Breeze Way
Orlando, Florida 32820

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Kalish
Address: 2725 Blowing Breeze Way
Orlando, Florida 32820

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] Required Signature/Registered Agent 3/15/12 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.

[Signature] Required Signature/Incorporator 3/15/12 Date