

P12000095905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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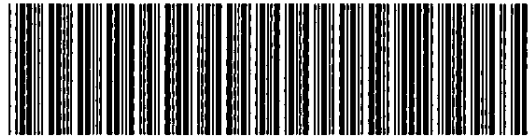
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/12--01021--007 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/19
#

COVER LETTER

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

SUBJECT: KALUS FINANCE + BUSINESS 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: ELLIOT KALUS
Name (Printed or typed)
19089 W. DIXIE HWY.
Address
AVENTURA, FL 33180
City, State & Zip
786-942-4849
Daytime Telephone number
ELSANK@AOL.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

The name of the corporation shall be: **KALUS FINANCE & BUSINESS INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address:
**19089 W. DIXIE HWY.
AVENTURA, FL. 33180**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCING FOR BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **ONE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ELLIOT KALUS PRESIDENT**
Address: **19089 W. DIXIE HWY.
AVENTURA, FL. 33180**

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:

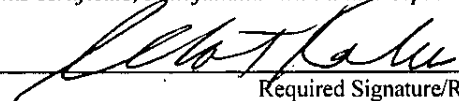
Name: **ELLIOT KALUS**
Address: **19089 W. DIXIE HWY.
AVENTURA, FL. 33180**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ELLIOT KALUS**
Address: **19089 W. DIXIE HWY.
AVENTURA, FL. 33180**

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

11/14/2012
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

11/14/2012
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA