

P13000042484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

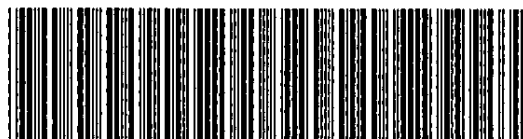
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/13--01019--007 **78.75

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13 MAY 13 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2013

M. SOLOMON

COVER LETTER

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

FILED
13 MAY 13 PM 12:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Dianne Sally Kalloo Corporation
(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: Dianne Greaves
Name (Printed or typed)

1519 NW 110 Terrace
Address

Coral Springs FL 33071
City, State & Zip

320-322-9375
Daytime Telephone number

dskgreaves@gmail.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:

Dianne Sally Kalloo

Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1519 NW 110 Terrace

Coral Springs FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

1 000 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dianne Greaves/President

Name and Title:

Address

1519 NW 110 Terrace

Address:

Coral Springs FL 33071

Name and Title:

Anthony P Greaves/Vice President

Name and Title:

Address

1519 NW 110 Terrace

Address:

Coral Springs FL 33071

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(conti.)

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: Dianne Greaves

Address: 1519 NW 110 Terrace
Coral Springs FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dianne Greaves

Address: 1519 NW 110 Terrace
Coral Springs FL 33071

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

3-24-13
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.

X 

Required Signature/Incorporator

3-24-13
Date

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TALLAHASSEE, FLORIDA



RECEIVED

13 MAY 13 PM 1:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS

May 1, 2013

DIANNE GREAVES
1519 NW 110 TERRACE
CORAL SPRINGS, FL 33071

SUBJECT: DIANNE SALLY KALLOO
Ref. Number: W13000025633

We have received your document for DIANNE SALLY KALLOO and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

To ensure your money is properly credited, please return a copy of this letter with your corrected document. Please return your corrected document within 30 days or your filing will be considered abandoned.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 213A00010475