

AUG/13/2013/TUE 11:47 AM

FAX No

P. 001

8/13/1

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000179726 3)))



H130001797263ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE, INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KALLPA MULTISERVICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

13 AUG 13 PM 2:37

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG/13/2013/TUE 11:47 AM

FAX No.

P. 002

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

13 AUG 13 AM 11:26

ARTICLE I NAME

The name of the corporation shall be:

KALLPA MULTISERVICE, INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13499 BISCAYNE BLVD

13499 BISCAYNE BLVD

#1603

#1603

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (PRESIDENT) GABRIEL RUIZ

Name and Title: _____

Address 13499 BISCAYNE BLVD

Address: _____

#1603

NORTH MIAMI, FL 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

AUG/13/2013/TUE 11:47 AM

FAX No.

P. 003

FILED

13 AUG 13 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: GABRIEL RUIZ
Address: 13499 BISCAYNE BLVD #1603
NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL RUIZ
Address: 13499 BISCAYNE BLVD #1603
NORTH MIAMI, FL 33181

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

8-8-13

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.317.155, F.S.


Required Signature/Incorporator

8-8-13

Date