

P14000022715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

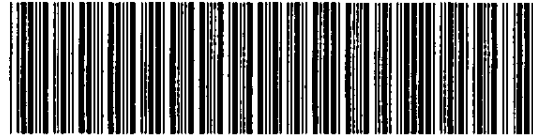
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR -7 AM 11:17

3/13/14

## COVER LETTER

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

SUBJECT: KALLE AND ASSOCIATES 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Robert J. KALLE  
                    Name (Printed or typed)

13319 Hollowbend Lane  
                    Address

Riverview FL 33569  
                    City, State & Zip

813-625-9985  
                    Daytime Telephone number

BKALLE@TAMPABAY.FL.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: KALLE AND ASSOCIATES INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

13319 Hollowbend Lane  
RIVERVIEW FL 33569

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARKETING HEALTH PRODUCTS

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT J. KALLE President Name and Title: \_\_\_\_\_

Address: 13319 Hollowbend Lane Address: \_\_\_\_\_  
RIVERVIEW FL 33569

Name and Title: BERNADETTE E. KALLE, MANAGER Name and Title: \_\_\_\_\_

Address: 13319 Hollowbend Lane Address: \_\_\_\_\_  
RIVERVIEW FLA 33569

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: Robert J. Kalle  
Address: 13319 Hollowbend Lane  
RIVERVIEW FL 33569

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Kalle  
Address: 13319 Hollowbend Lane  
RIVERVIEW FL 33569

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

Robert J. Kalle

Required Signature/Registered Agent

3/3/14

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.

Robert J. Kalle

Required Signature/Incorporator

3/3/14

Date