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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

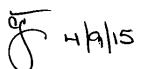


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COVER LETTER

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

SUBJECT: KA	LYPSO FARMS (PROPOSED CORPOR	INC. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	OPY REQUIRED	
FROM: _	C VENKATASUB	RAMANIAN e (Printed or typed)		
8	0-07 266TH STR		ema,	
F	LORAL PARK, N	Address IY 11004	音楽	•
6	City 46-223-0298	, State & Zip	-3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -	į
_	Daytime ²	Telephone number		

NOTE: Please provide the original and one copy of the articles.

vsm_61@yahoo.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

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ne of the corpor	Tation shall be: KALYPSO FARM		15 APR -3 P
85 Lama	PINCIPAL OFFICE Principal street address IT Lane	Mailing ad 3 PIONEER	dress, if differentists EE. Fi
Villages,	, FL 32162	DIX HILLS,	NY 11746
CLE III PUI rpose for which ELLING (RPOSE I the corporation is organized is: GREEK YOGURT	ESELLERS- MAI	NUFACTURING
		11.	
	IARES of stock is:		
mber of shares o	of stock is: 200 ITIAL OFFICERS AND/OR DIRECTO	RS	
mber of shares o	of stock is: 200 ITIAL OFFICERS AND/OR DIRECTO Ile: Nicholas Trastelis, CEO	RS Name and Title:	
imber of shares o	of stock is: 200 ITIAL OFFICERS AND/OR DIRECTO		
The value of shares of the value of the valu	itial officers and/or director le: Nicholas Trastelis, CEO 3 PIONEER CT	Name and Title:	
TCLE V IN Name and Tit Address	itial officers and/or director le: Nicholas Trastelis, CEO 3 PIONEER CT	Name and Title: Address:	
TCLE V IN Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Ole: Nicholas Trastelis, CEO 3 PIONEER CT DIX HILLS, NY 11746	Name and Title: Address: Name and Title:	
TCLE V IN Name and Tit Address Name and Titl	TTIAL OFFICERS AND/OR DIRECTOR OLICI NICHOIAS TRASTELIS, CEO 3 PIONEER CT DIX HILLS, NY 11746	Name and Title: Address: Name and Title: Address:	
Mere of shares of the control of the	TTIAL OFFICERS AND/OR DIRECTOR Cle: Nicholas Trastelis, CEO 3 PIONEER CT DIX HILLS, NY 11746 e:	Name and Title: Address: Name and Title: Address:	

Address		Address:	·
,	,		
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Nicholas Trastelis		
Address:	2285 Lamar Lane		
	The Villages, FL 32162		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	C VENKATASUBRAMANIAM		
Address:	80-07 266TH STREET		
	FLORAL PARK, NY 11004		
Having been nam	ned as registered agent to accept service of process om familiar with and accept the appointment as reg	for the above stated corporation at the place designstered agent and agree to act in this capacity 03/30/15	gnated i
	Required Signature/Registered Agent	Date	
	iment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information subm	itted in
	V.S.M. Charoleran.	03/30/15	
	Required Signature/Incorporator	Date	
	; i		
	:		

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SEPTEMBER OF STATE