

P16000016686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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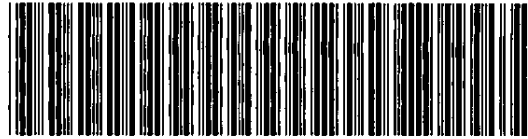
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: KAMPKAL 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: PETER KALCZYNSKI

Name (Printed or typed)

273 SAWGRASS CT

Address

NAPLES, FL 34110

City, State & Zip

239-285-9397

Daytime Telephone number

pkalczynski@yahoo.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: KAMPKAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

273 SAWGRASS CT

NAPLES, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in the business of real estate development, owning, leasing, renting residential and commercial properties. To

things legal and necessary to operate said business.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Kalczynski President

Address 273 Sawgrass Ct

Naples, FL 34110

Name and Title: Katarzyna Kalczynski Secretary/Trea

Address: 273 Sawgrass Ct

Naples, FL 34110

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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PALM BEACH, 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: Peter Kalczynski _____

Address: 273 Sawgrass Ct _____

Naples, FL 34110 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Peter Kalczynski _____

Address: 273 Sawgrass Ct _____

Naples, FL 34110 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-8-16
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

2-8-16
Date

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TALLAHASSEE, FLORIDA