

P22000019768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

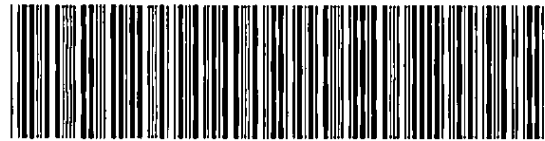
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/15/22--01012--009 **70.00

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2022 MAR 15 PM 2:10

ALL ADDRESSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL

~ 3/14/22

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KALLTT INC.

Signature _____

Requested by: BA

03/14/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Ponder's Printing • Thomasville, GA 31002



Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____



Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC I or 3 File _____

____ UCC II Search _____

____ UCC II Retrieval _____

____ Courier _____

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

KALLTT INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12220 SW 103rd Terrace Miami, FL 33186

ARTICLE III PURPOSE

Any and all lawful Business

The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FL

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glen Kalliecharan-President

Name and Title: Judy Kalliecharan-Director

Address 12220 SW 103rd Terrace

Address: 12220 SW 103rd Terrace

Miami, Florida 33186

Miami, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Glen Kalliecharan

Address: 12220 SW 103rd Terrace

Miami, Florida 33186

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DEPT OF STATE
TALLAHASSEE, FL
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ARTICLE VII INCORPORATOR

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

Name: Glen Kalliecharan

Address: 12220 SW 103rd Terrace

Miami, Florida 33186

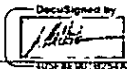
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

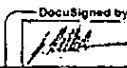
DocuSigned by:

105F8E901B251A00

Required Signature/Registered Agent

3/14/2022

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.

DocuSigned by:

105F8E901B251A00

Required Signature/Incorporator

3/14/2022

Date