

P95000030707

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Please file
first

FILED
95 APR 19 PM 3:37
TALLAHASSEE, FL

W95-8037

4/19/95

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK IN Will Pick Up 714 11.00

RE: Kallergis Inc

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File	2000011462772	
<input type="checkbox"/> Dissolution/Withdrawal	04/24/95 1007-001	
<input type="checkbox"/> C U S -	***127.50	***116.00
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation	2000011462772	
<input type="checkbox"/> Annual Report/Reinstatement	04/24/95 1007-002	
<input type="checkbox"/> Reg. Agent Service	***52.50	***452.50
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS		\$5

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 14, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: KALLERGIS, INC.
Ref. Number: W95000008037

We have received your document for KALLERGIS, INC. and check totaling \$122.00. However, your check(s) and document are being returned for the following:

ARTICLES MUST BE PRINTED ON ONE SIDE OF PAPER ONLY.,

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 295A00017227

Correct

(SAMPLE LETTER OF TRANSMITTAL)

Date

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Kallergis, Inc. Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Alex Kallergis aka Kallergis
(individual's name)

Kallergis
(name of corporation)

MAILING ADDRESS OF CORPORATION		
3328 MOOS RD		
HOLIDAY, FLORIDA, 34691		
PHONE		
(813)	844-3072	
Area Code	Number	Ext.

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PELLARA, G. P. 1960.

Kellers's, Inc

SEMINOLE-MIAMI 012593

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Peter Kallergis		
ADDRESS	28 W 726 Ray St		
CITY	Warrenville	STATE	ILLINOIS ZIP 60555
NAME	Nick Kallergis		
ADDRESS	4145 Highland Loop		
CITY	New Port Richy	STATE	FLORIDA ZIP 34652
NAME	Alex Kallergis		
ADDRESS	3343 Murrow St		
CITY	New Port Richy	STATE	FLORIDA ZIP 34655

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18 day of April, 1995.

Peter Kallergis (Seal)
Nick Kallergis (Seal)
Alex Kallergis (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Kallergis, Inc

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3343 MURROW ST

NEW PORT RICHY, FLORIDA, 34655

has named ALEX KALLERGIS

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

dy bally

(registered agent)