006772

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

700002405067--9 -01/20/98--01094--019 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

STO.00 Filing Fee X \$78.75 Filing Fee & Certificate

KAL Financial

□\$122.50 Filing Fee & Certified Copy

Signature \$131.25 \$131

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ADDITIONAL COPY REQUIRED

FROM: <u>Kenneth Alan Levin</u> Name (Printed or typed)

> 1766 Cape Coral Parkway, #505 Address

City, State & Zip		I ALI	86	
(941) 540-4942.		- AIIA	JAN	-
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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

KAL Financial Corp.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1766 Cape Coral Parkway, #505 Cape Coral, FL 33904

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares Common Stock at \$1.00 per share Par value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kenneth Alan Levin 1766 Cape Coral Parkway, #505 Cape Coral, FL 33904

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kenneth Alan Levin 1766 Cape Coral Parkway, #505 Cape Coral, FL 33904

amy

Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

enneh

Signature/Registered Agent

1-15-98

# FILED

98 JAN 20 AM II: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date