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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kalman & Company, Inc.				
	corporation - must	include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standing" a	ind check are subin		
Please return all correspondence concerning	this matter to the	following:		
Barbara Kalman				
	Name of Person			
Kalman & Company				
	Firm/Company			
2901 S. Lynnhaven Road Suite 340				
	Address			
Virginia Beach, VA 23452				
(City/State and Zip			
julic.shilling@kalmancoinc.com				
E-mail address: (o be used for futu	re annual report no	otification)	
For further information concerning this matt	er, please cail:			
Julie Shilling	,757 461) <u>461-4292</u>)		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amour Please make check payable to: FLORIDA DEP. \$70.00 Filing Fee \$78.75 Filing I Certificate of S	ARTMENT OF ST Fee &	FATE 75 Filing Fee & ified Copy	U \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Kalman & Com				
(Enter name of c	corporation; must include "INCORPORATED," " forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
Kalman & Com	pany.			
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Flo	orida)	
Virginia	₃ 54	54-1231255		
07/18/1984	y under the law of which it is incorporated) 5			
	of incorporation) 5	(Date of duration, if other than perpetual)		
2901 S. Lynnhav	(Date first transacted business in PI (SEE SECTIONS 607,1501 & 607,1502 en Road Suite 340 Virginia Beach, VA 23452	F.S., to determine penalty liability)		
	(Principal office	street address)		
	(Current mailing a	ddress, if different)	24 HAY	
. Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	28	
Name:	InCorp Services, Inc.	_	圣	
ffice Address:	3458 Lakeshore Drive		ŧ.	
	Tallahassee	, Florida	<u>က</u> စာ	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
[]Chairman	Name:	□Chairman	Name:			
∐Vice Chairman	Address:	El Vice Chairman	Address:			
CIDirector	Virginia Reach VA 23454	□Director				
esident		DPresident				
ElVice President		∐Vice President				
UlScoretary	[]Treasurer	□Secretary		{]]Treasurer		
NOther CEC	Other	∐Other		ClOther		
[]Chairman	Name:	ElChairman	Name:			
□ Vice Chairman	Address:	FlVice Chairman	Address:			
□Director		Director				
□President		[]President				
□Vice President		⊡Vice President				
E)Secretary	iElTrensurer	☐ Secretary		ElTreasurer		
□Other	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	[]Other		☐Other		
□ Chairman	Name:	l'I Chairman	Name:			
□Vice Chairman	Address:	El Vice Chairman	Address:			
□Director		□Director				
LIPresident		□P(esident				
DVIce President		∐Vice President				
□ Secretary	[]Treasurer	□Secretary		□Treasurer		
[]Other		[]Other		L1Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form. 12.						
The officer or dire	ctor signing this document (and who is listed to number	. I i abovo Antibono de	out the first extend	Lhardin are true and that he are		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Barbara Kalman, CEO

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That KALMAN & COMPANY, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on July 18, 1984;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 23, 2023

Bernard J. Logan, Clerk of the Commission