# F0800001186

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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W08-11616

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: KALOS MANAGEMENT,	, INC.	
	ation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all correspondence concerning this ma	tter to the following:	
Kim Gill		
(Name	e of Person)	
KALOS MANAGEMENT, INC.		
(Firm/	(Company)	
3780 MANSELL ROAD, STE 150		
(A	ddress)	
ALPHARETTA, GA 30022		
(City/Sta	tte and Zip code)	
For further information concerning this matter, pleas	se call:	
Kim Gill at ( 678	3 356-1100	
	ea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2008

KIM GILL 3780 MANSELL ROAD SUITE 150 ALPHARETTA, GA 30022

SUBJECT: KALOS MANAGEMENT, INC.

Ref. Number: W08000011616

We have received your document for KALOS MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the period word "perpetual", if a specific date of dissolution or term of existence has not perpetual been specified.

Please return the corrected original and one copy of 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 (1964-1964) (850) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 608A00013750

## 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.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavai	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)
GEORGI.	A 3.	201642804	
State or country	under the law of which it is incorporated)	(FEI number, if applicable	)
09/13/200	04 5.	Derpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
		1 Florida, if prior to registration) 102, F.S., to determine penalty liability)	
3780 MAN	NSELL ROAD, STE 150 AL		,
	(Principal office add		
3780 MAI	NSELL ROAD, STE 150 ALP	HARETTA, GA 30022	
	(Current mailing add	ress)	······································
Registere	d Investment Advisor providi	ng fee based svcs and mor	ney mgmt
(Purpose)	(s) of corporation authorized in home state or co	untry to be carried out in state of Florida)	AS SE
Name and stre	et address of Florida registered agent: (P.C	3. Box NOT acceptable)	ECRE LLAF
Name:	NRAI Services, Inc.		ASS
fice Address:	2731 Executive Park Dr, St	e 4	四六
lice Address:	Monton	Florida 33331	LORID
nce Adoress:	Weston	, riorida <u></u>	C) mi

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.

By: Christ Man

(Registered agent's signature)

(Registered agent's signature)
Christian Eubanks, Assistant Secretary

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	<b>5</b> 000000000000000000000000000000000000
Chairman: Daniel L. Wildermuth	
Address: 3780 Mansell Road, Ste 150	HASS FA
Alpharetta, GA 30022	
Vice Chairman: Carol J. Wildermuth	STAT STAT
Address: 3780 Mansell Road, Ste 150	Pr. 5
Alpharetta, GA 30022	
Director:	
Address:	
·	
Director:	
Address:	
B. OFFICERS	
President: Daniel L. Wildermuth	
Address: 3780 Mansell Road, Ste 150	
Alpharetta, GA 30022	
Vice President: Carol J. Wildermuth	
Address: 3780 Mansell Road, Ste 150	
Alpharetta, GA 30022	
Secretary: Carol J. Wildermuth	
Address: 3780 Mansell Road, Ste 150 Alpharetta, GA 30022	
Carol J. Wildermuth	
Address: 3780 Mansell Road, Ste 150 Alpharetta, GA 30022	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. (Cuffelldurm)	
(Signature of Director or Officer listed in number 12 of the application Carol J. Wildermuth, Vice President	1)
14.	

(Typed or printed name and capacity of person signing application)

## STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### KALOS MANAGEMENT, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 09/13/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 19th day of February, 2008

Haven C. Handel

Karen C Handel Secretary of State

Certification Number: 2078786-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp