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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

KALISTHENICS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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H 0 9 0 0 0 2 1 8 3 3 0

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kalisthenics, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Levy

Name of Person

Kalisthenics, Inc.

Firm/Company

5812 W. Pico Suite C

Address

Los Angeles, CA 90019

City/State and Zip code

kalisthenics@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Voss

Name of Person

at (317) 501-2488

Area 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
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Kallsthenics, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ABC Medical Supply & Equipment
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 26-4673723
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/30/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon approval.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1301 & 607.1302, F.S., to determine penalty liability)

7. 5812 W. Pico Suite C Los Angeles, CA 90019
(Principal office address)
5812 W. Pico Suite C Los Angeles, CA 90019
(Current mailing address)

8. Retail sales of durable medical equipment and supplies.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.
Office Address: 155 Office Plz Dr Ste A
Tallahassee, Florida 32301
(City) (Zip code)

10. 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.

[Signature], asst. secty
(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: David Levy

Address: 5812 W. Pico Suite C Los Angeles, CA 90019

Vice Chairman: David Levy

Address: 5812 W. Pico Suite C Los Angeles, CA 90019

Director: David Levy

Address: 5812 W. Pico Suite C Los Angeles, CA 90019

Director: _____

Address: _____

B. OFFICERS

President: David Levy

Address: 5812 W. Pico Suite C Los Angeles, CA 90019

Vice President: David Levy

Address: 5812 W. Pico Blvd., Suite C Los Angeles, CA 90019

Secretary: David Levy

Address: 5812 W. Pico Blvd., Suite C Los Angeles, CA 90019

Treasurer: David Levy

Address: 5812 W. Pico Blvd., Suite C Los Angeles, CA 90019

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. David Levy, President

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

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**State of California
Secretary of State**

CERTIFICATE OF STATUS

FILED
2009 OCT 12 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

KALISTHENICS, INC.

FILE NUMBER: C2870928
FORMATION DATE: 03/30/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



* IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 29, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State

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