

P110000014262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

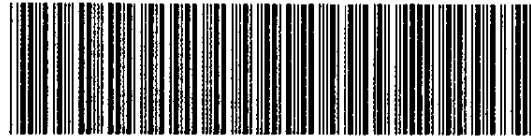
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/11--01016--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 9 PM 4:25

APPROVED
AND
FILED

VA

COVER LETTER

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

SUBJECT: K & K ELECTRONICS SOLUTIONS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AILEEN FONTAINE
Name (Printed or typed)

14215 SW 15 ST
Address

MIAMI FL 33184
City, State & Zip

(305)726-6636
Daytime Telephone number

GFONTAINE71@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME K & K ELECTRONICS SOLUTIONS INC
The name of the corporation shall be:

11 FEB -9 PM 4:26

ARTICLE II PRINCIPAL OFFICE

Principal street address
14215 SW 15 ST
MIAMI FL 33184

Mailing address, **SECRET** is: OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AILEEN FONTAINE PRESIDENT Name and Title: _____
Address: 14215 SW 15 ST Address: _____
MIAMI FL 33184

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: AILEEN FONTAINE
Address: 14215 SW 15 ST MIAMI FL 33184
INCORPORATOR SIGNATURE: AILEEN FONTAINE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TITLE: P/D AILEEN FONTAINE
Address: 14215 SW 15 ST MIAMI FL 33184
EFFECTIVE DATE FOR THIS CORPORATION 02/05/2011

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/05/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

02/05/2011

Date