

P14000035391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

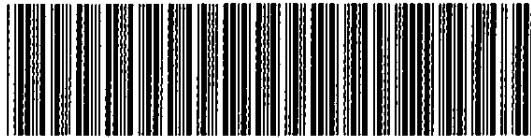
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/14--01001--005 **78.75

2014 APR 21 PM 3:41
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF 4/22/14

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 4-21-14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Inc _____

1. KIFKC Funding, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: KIFKC Funding, 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

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

ADDITIONAL COPY REQUIRED

FROM: Eric Khrom
Name (Printed or typed)

1691 Michigan Avenue, 2nd Floor
Address

Miami Beach, FL 33139
City, State & Zip

(212) 376-5338
Daytime Telephone number

ekhrom@khromcapital.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME
The name of the corporation shall be: KIFKC Funding, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
1691 Michigan Avenue, 2nd Floor
Miami Beach, FL 33139

Mailing address, if different from principal office address:
1691 Michigan Avenue, 2nd Floor
Miami Beach, FL 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Lawful purpose for which a corporation
may be formed under the laws of Florida and to provide capital to a Merchant Cash
Advance business.

ARTICLE IV SHARES
The number of shares of stock is: 200 without par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Eric Khrom, CEO</u>	Name and Title:	_____
Address	<u>1691 Michigan Ave.</u> <u>2nd Floor</u> <u>Miami Beach, FL 33139</u>	Address:	_____ _____ _____

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

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

(cont.)

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: Eric Khrom
 Address: 1691 Michigan Ave, 2nd Floor
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Eric Khrom
 Address: 1691 Michigan Ave, 2nd Floor
Miami Beach, Fl 33139

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

X 

 Required Signature/Registered Agent

4/16/14

 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.817.135, F.S.

X 

 Required Signature/Incorporator

4/16/14

 Date

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