Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION KML & ASSOCIATES, CORP.

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
KML & Associates, Corp.
ARTICLE IL PRINCIPAL OFFICE:
The principal street address and mailing address is:
Miame, FL 33193.
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
- LUIS Manuel Benitez Vila
10901 SW 66 Terr
Miami FL 33193
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Luis Manuel Benitez VIIQ
15901 SW 66 Terr
Miami FL 33193

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Required Signatures:

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

Registered Agent

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 <u>provided</u> for in s.817.155. F.S.

Incorporator

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