

P21000002600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

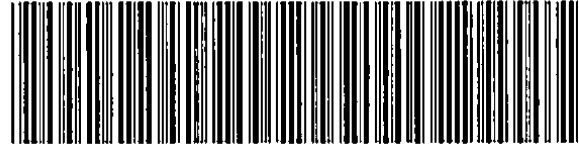
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200357971722

200357971722
01/12/21--01008--009 **70.00

2021 JAN 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN 14 AM 11:03

2021 JAN 14

CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(904) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AD CORPORATION

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ature

Requested by: Seth

01/14/21

Date

Time

-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN 11 PM 1:19

January 13, 2021

CAPITAL CONNECTION

SUBJECT: KHAD CORPORATION
Ref. Number: W21000003422

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

Complete the Principal office address.

Please return 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 (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 921A00000778

COVER LETTER

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

SUBJECT: Khad Corporation
(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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

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

FROM: Maria E. Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave Suite 203
Address

Miami, Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariaquiros9@hotmail.com
E-mail address: (to be used for future annual report notification)

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

1150

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

2021 JAN 14 AM 11:03

ARTICLE I NAME

The name of the corporation shall be: Khad Corporation

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

756 SW 99th Circle
Miami, Florida 33174

7750 SW 117 Ave #203
Miami Florida 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jahsmira M. Sanderiel ^{De} ^{Am. Si.} ^{Pres.}

Address: 756 S.W 99th Circle
Miami Florida 33174

Name and Title: Consuelo Barbuscio, Sec.

Address: 756 S.W. 99th Circle
Miami, Florida 33174

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Johsmira M. Sandoval De Omasi
Address: 756 S.W. 99 Ct Circle
Miami, Florida 33174

SECRET
FALL 1994 S.E.F.L.

2021 JAN 14 AM 11:03

1100

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Johsmira M. Sandoval De Omasi
Address: 756 S.W. 99 Ct Circle
Miami FL 33174

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/13/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Johsmira Sandoval De Omasi
Required Signature/Registered Agent

1/12/2021
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.

Johsmira Sandoval De Omasi
Required Signature/Incorporator

Date 1/12/2021