

PO0000016862

Transmittal Letter

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

600003093526--0
-01/10/00--01106--016
*****78.75 *****78.75

SUBJECT: KTous, Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing fee
& Certified Copy

☐ \$131.25
Filing fee,
Certified Copy,
& Certificate

Additional Copy Required

FROM:

Raul Tous

Name (printed or typed)

8625 PISA DR Apt 11210

Address

Orlando FL 32810

City, State & Zip

407-661-3120

Daytime Telephone Number

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

FILED
00 FEB 16 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO COPY
T BROWN FEB 17 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 18, 2000

RAUL TOUS
8625 PISA DRIVE
APT. 11210
ORLANDO, FL 32810

SUBJECT: KTOUS, INC.
Ref. Number: W00000001406

We have received your document for KTOUS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate suffix must be added to the corporate name throughout the application.

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of 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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 200A00002425

Articles of Incorporation

FILED
00 FEB 16 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to chapter 607 of the Florida Business Corporation Act, the UNDERSIGNED, acting as incorporator(s) of a corporation, adopt the following articles of incorporation for such corporation:

Article 1. The name of the corporation is Ktous, Inc

Article 2. The period of its duration is perpetual.

Article 3. The purpose is to engage in any activities or business permitted under the laws of the United States and the state of Florida.

Article 4. The corporation shall have authority to issue 1,000 shares, all of one class, \$ 1.00 par value.

Article 5. The address of the corporate office is

8625 Pisa Dr. Apt 11210
Orlando FL 32810

Article 6. The name and address of its registered agent is
Mabel Machin

8625 Pisa Dr. Apt 11210
Orlando, FL 32810.

Article 7. The name and address of the incorporator is

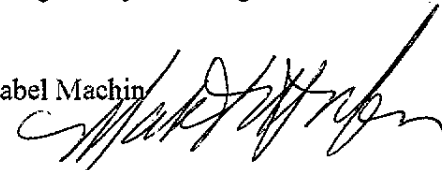
Mabel Machin
8625 Pisa Dr. Apt 11210
Orlando, FL 32810.

Article 8. No director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness thereof, the undersigned incorporator has executed these Articles of incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that statements made in the foregoing article of incorporation are true, and that the incorporation is at least eighteen years of age.

Date: January 1, 2000.

Name of Incorporator: Mabel Machin

Signature of Incorporator: 

CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT

FILED
00 FEB 16 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to sections 607.0501 of Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office and registered agent in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:


Name : Mabel Machin

Street Address: 8625 Pisa Dr Apt 11210
Orlando, FL 32810

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. 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 relating to the proper and complete performance my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:

Date of Signature:


1/1/2000