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TRANSMITTAL LETTER

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

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-02/28/00--01134--001
*****78.80 *****78.80

SUBJECT: Killa Kuts, 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

FILED
00 FEB 28 AM 11:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FROM: Anthony Odel
Name(Printed or Typed)

6072 West Oakland Park Blvd.
Address

Sunrise, Florida 33313
City, State & Zip

954-742-0922
Daytime Telephone Number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
00 FEB 28 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Killa Kuts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6072 West Oakland Park Blvd.

Sunrise, Florida 33313

ARTICLE III SHARES

The number of share of stock that this corporation is authorised to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dwayne Bennett

6072 West Oakland Park Blvd.

Sunrise, Florida 33313

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Andre Odel

6072 West Oakland Park Blvd.


Sunrise, Florida 33313


Signature/Incorporator

02-24-00
Date

(An additional article must be added if an effective date is requested)

Having been named as 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 of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

02-24-00
Date