

OFFICE ONLY (Doc #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

800004397178--9

-06/11/01--01071--027

\*\*\*\*157.50 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. K. B. Desing Corp. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

☐

Walk in

☒

Pick up time

☒

Certified Copy

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Mail out

☐

Will wait

☐

Photocopy

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Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/  
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Date MAY 31, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re K.B.DESING CORP. Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

K.B.DESING CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
10823 S.W. 147 PL.		
MIAMI FLORIDA 33196		
PHONE		
( 305 )	383-5132	
Area Code	Phone Number	Ext

FILED  
01 JUN 11 PM 2:52  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION

of

K.B. DESING CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

*ARTICLE I - CORPORATE NAME*

The name of the corporation is:

K.B. DESING CORP.

*ARTICLE II - DURATION*

This corporation shall exist perpetually unless dissolved according to Florida law.

*ARTICLE III - PURPOSE*

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

*ARTICLE IV - CAPITAL STOCK*

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

*ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT*

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ROBERTO F LAGUNA		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA
ZIP	33196		

The principal office, if known, or the mailing address of the corporation is:

NAME	K.B. DESING CORP.		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA
ZIP	33196		

*ARTICLE VI - INITIAL BOARD OF DIRECTORS*

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


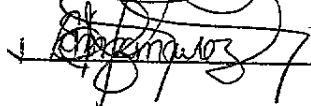
NAME	ROBERTO Y LAGUNA		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA
ZIP	33196		
NAME	ELIETA MANZANAREZ		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA
ZIP	33196		
NAME			
ADDRESS			

### Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERTO Y LAGUNA		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA ZIP 33196
NAME	ELIETA MANZANAREZ		
ADDRESS	10823 S.W. 147 PL.		
CITY	MIAMI	STATE	FLORIDA ZIP 33196
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 7 day of JUNE, ~~XX~~ 2001

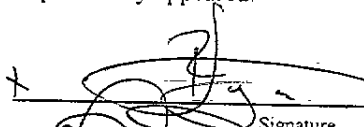
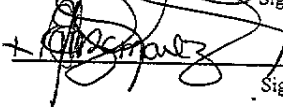
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )

COUNTY OF MIAMI -DADE )

SS #593- 80-1895

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<p> _____ Signature</p> <p> _____ Signature</p> <p>_____ Signature</p>	<p>_____ Form of Identification</p> <p>_____ Form of Identification</p> <p>_____ Form of Identification</p>
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known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

7 day of JUNE, 2001

Notary Signature

Printed Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

K.B. DESING CORP

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 10823 S.W. 147 PL.

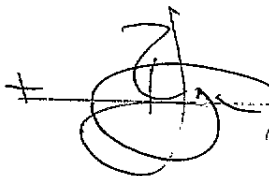
MIAMI FLORIDA 33196

has named ROBERTO Y LAGUNA

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

**FILED**  
01 JUN 11 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA