Division of Corporations

# POLOCOOTOLTI

## Florida Department of State

#### **Division of Corporations**

Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)205-0381

Falama

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

K. O. SPORTSWEAR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Istimated Charge	\$78.75

## ARTICLES OF INCORPORATION OF

### K. O. SPORTSWEAR, INC.

(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 State of Florida.

#### ARTICLE I-CORPORATE NAME

The name of the corporation is: K.O. SPORTSWEAR, INC.

#### 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 permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five. Dollar (s) (\$5.00) 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 name of the at office is:

NAME	ONEL LOPEZ		
ADDRESS	5011 EAST 2 AVE		
CITY	HIALEAH	STATE FL	ZIP 33013

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

NAME	ONEL LOPEZ			
ADDRESS	5011 EAST 2 AVE			
CITY	HIALEAH	STATE	FL	ZIP 33013

#### ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>TWO (2)</u> director initially. The number of directors may be either increased or diminished from time to time by laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

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		<u> </u>				
NAME	ONEL	LOPEZ				
ADDRESS	5011	EAST 2 AVE				
CITY	HIAL	eah	STATE	FLORIDA	ZIP 33013	
NAME	ENRI	QUE RAXACH				
ADDRESS	16247	SW 55 TERRA	CE			
CITY	MIAI	Ν	STATE	FLORIDA	ZIP 33185	
NAME	1			1.446	-	
ADDRESS					,	
CITY						
NAME			-			
ADDRESS		•				
CITY		\$				

#### ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	ONEL LOPEZ				
ADDRESS	5011 EAST 2 AVE				
CITY	HIALEAH	STATE	FLORÍDA	ZIP	33 013
NAME	ENRIQUE RAXACH				
ADDRESS	16247 SW 55 TERR	ACE			
CITY	MIAMI	STATE	FLORIDA	ZIP	33185
NAME	•				
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this <u>07</u> day of <u>AUGUST</u>, <u>2001</u>.

PREPARED: SOSA ACCOUNTING TAX SERVICE

570 EAST 49 STREET

HIALEAH, FL 33013

(305) 688 - 1716

(305)688-1714

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## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT

**OF** 

## K. O. SPORTSWEAR, INC.

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:	5011 EAST 2 AVE	0	<del></del>
	HIALEAH, FLORIDA 33013		ECOLE I
Has named	ONEL LOPEZ	i G	3 CE (1)
	ne afbresaid address, as its Registered Age	nt to accept service of proces	FORATIONS

## ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state 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 provisions of Florida Lawn in Keeping open said office.