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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YSFC

Account Number: 119990000036 Phone: (407)699-5330 Fax Number: (407)699-5722

FLORIDA PROFIT CORPORATION OR P.A.

KCCB INCORPORATED

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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KCCB Incorporated

The undersigned, acting as sole incorporator of KCCB Incorporated, under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I

Name

The name of the corporation shall be of KCCB Incorporated.

ARTICLE II

Shares

The number of shares which the corporation shall have authority to issue is Ten Thousand (10,000), consisting of a single class of common stock, One Cent (\$0.01) par value per share.

ARTICLE III

Principal Office: Mailing Address

The mailing address and location of the principal office of the corporation is 333 Webb Street, Deleon Springs, FL 32130. The location of the principal office shall be subject to change as may be provided in Bylaws duly adopted by the Corporation.

ARTICLE IV

Initial Registered Office and Agent

The address of the initial registered office of the corporation is 333 Webb Street, Deleon Springs, FL 32130, and the initial registered agent at such address is Mi Suk Kim Brown.

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ARTICLES V

Incorporator

The name and address of the sole incorporator of the corporation is: Mi Suk Kim Brown, of 333 Webb Street, Deleon Springs, FL 32130.

In witness whereof, these Articles have been signed by the undersigned incorporator this 10th of August, 2001.

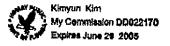
Mi Suk Kim Brown, Incorporator

Acknowledged before me on 8-10-1, by Mr. Suje F. Brewn, who was personally known to me/ produced as identification, and who Acknowledged before me on volume as identification, and who is personally known to me/ produced as identification, and who executed the forgoing Articles of Incorporation and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

Notary Public -State of Florida Names:

Commission No:

My Commission Expires:



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

KCCB INCORPORATED

2. The name and address of the registered agent and office is:
MI SUK KIM BROWN, 333 Webb Street, Deleon Springs, FL 32130.

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.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314