

TRANSMITTAL LETTER

PO1000080155

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

SUBJECT: Kinetic Success Incorporated

(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 of Status

☐ \$78.75 Filing Fee & Certified Copy

☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Kevin Melliphant
Name (Printed or typed)

3545-1 St. Johns Bluff Road South, Suite 319

Address

Jacksonville, FL, 32224

City, State & Zip

904-509-2120

Daytime Telephone number

600004528446--4

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*****87.50 *****87.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

158
8/15/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Kinetic Success Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3545-1 St. Johns Bluff Road South, Suite 319
Jacksonville, FL, 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide e-business, marketing, and joint venture services to
both domestic and international clients.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Na

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kevin Melliphant
10111 Pepperidge Court
Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Melliphant
3545-1 St. Johns Bluff Road South, Suite 319
Jacksonville, FL, 32224

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA