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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : NOEL W. BURNS, P.A.

Account Number : 120010000128

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: (305)274-0333

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# FLORIDA PROFIT CORPORATION OR P.A.

KIMLON'S UNIQUE PIECES, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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# 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.

### ARTICLE I- NAME

The name of the corporation shall be:

KIMLON'S UNIQUE PIECES, Inc.

### ARTICLE II- PRINCIPAL OFFICE

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

13400 SW 266th St Miami, FL 33032

### ARTICLE III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 Common Voting shares, with an initial par value of \$.01.

### ARTICLE IV-OFFICERS & BOARD OF DIRECTORS

The Corporation's initial Board of Directors shall consist of the following two (2) Directors:

President/Director: Kimberly Caldwell 13400 SW 266th St Miami, FL 33032

Vice-President/Dirctor: Lonnie Caldwell 13400 SW 266th St Miami, FL 33032

### ARTICLE V- INITIAL REGISTERED AGENT AND STREET ADDRESS

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

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Noel W. Burns 7700 N. Kendall Dr., Suite 503 Miami, FL 33156-7566

### ARTICLE VI- INCORPORATOR

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

Noel W. Burns 7700 N. Kendall Dr., Suite 503 Miami, FL 33156-7566

Paller	W
Signature of Incorpora	ator

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 of Registered Agent

Date