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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV -6 AM 7:55

FLORIDA PROFIT CORPORATION OR P.A.

kpm grove corp.

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

11-7-02

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

KPM GROVE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

881 OCEAN DR. TH6  
KEY BISCAVNE, FL. 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (opttional)

The name(s) and address(es):

KAREN MARGARITOFF  
881 OCEAN DR. TH6  
KEY BISCAVNE, FL. 33149

ARTICLE VI REGISTERED AGENT

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

KAREN MARGARITOFF  
881 OCEAN DR. TH6  
KEY BISCAVNE, FL. 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KAREN MARGARITOFF  
881 OCEAN DR. TH6  
KEY BISCAVNE, FL. 33149

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

*Karen Margaritoff*

Signature/Registered Agent

5 NOV. 2002  
Date

*Karen Margaritoff*

Signature/Incorporator

5 NOV. 2002  
Date

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