

P03980020260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

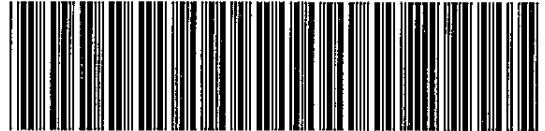
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/19/03--01028--011 **630.00

FILED
CLERK OF STATE
FEB 19 10 09 AM '03

DIVISION OF CORPORATION

03 FEB 19 AM 10:35

RECEIVED

2-20-03

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KK POWER & LIGHTING INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials _____

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:

KK POWER & LIGHTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1869 SW 5th ST.
MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ALBERTO J. LEIVA (P/T)
BARBARA O. LEIVA (V/S)
1869 SW 5th ST.
MIAMI, FL 33135

ARTICLE VI REGISTERED AGENT

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

BARBARA O. LEIVA
1869 SW 5th ST.
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERTO J. LEIVA & BARBARA O. LEIVA
1869 SW 5th ST.
MIAMI, FL 33135


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

2-18-03

Date



Signature/Incorporator

2-18-03

Date

FILED STATE
SECRETARY OF CORPORATIONS
03 FEB 19 AM 9:42