P0300046563

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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04/09/03--01035--019 **87.50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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n 4/28

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Hexander K	WIRKER (Printed or typed)	Man
	2525-2	South East	- Federal Hydray
	Sheart Fl	ORICA 35	994

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2003

ALEXANDER K. WIRKERMAN 2525-2 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34994

SUBJECT: KIVA LEATHER AND FURNITURE CONCEPTS INC.

Ref. Number: W03000010584

We have received your document for KIVA LEATHER AND FURNITURE CONCEPTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 903A00022309

03 APR 25 PM 1: 31
SECRETARIES EN ORIGINATE

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621. E.S. (Profit) 03 APR 25 AM 8: 39
ARTICLE I NAME The name of the corporation shall be: VA Leather SECRETARY OF STATE TALLAHASSEE, FLORIDA VI + Re CONCRETE
The name of the corporation shall be: VA eq the condition of the corporation shall be:
Concept
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 2525-2 5, E. Fale Ral Hig 4 way
The principal place of business/mailing address is: 2525-2 S. E. Federal Highway Shart Florida 34994
ADMICU IN THE DITEDOCT
The purpose for which the corporation is organized is: To Sell Foru, I une to
10 SEVI 10FX) 1 STEP
the Public
The state of the s
ARTICLE IV SHARES The number of shares of stock is:
The little of states of their by
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
thes. Alex Wirker man
Gres Monina Joues =
the Mae Wirkerman
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> of the registered agent is:
Alex Wirkerman.
2525-2 S.E. Federal Highway, StuART Fl. 34994
2000 a sic. Health High of Memor 1 11 111/
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
How Wilkeman -
2905-2-20 Fed Huy TWART FT, 34794
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
14/1/1/2020
Signature/Pagistavad A gapt
Signature/Registered Agent Date
1 lec 1/m Marches avazza
Sternature/Incompretor