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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name	e)	
(Do	ocument Number)		
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SECRETARY OF STATE
TALLAHASSEE SULFIE

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TRANSMITTAL LETTER

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

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\$70.00	× \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate of Status	& Certified Copy	& Certificate of	
			Status	
	ADDITIONAL COPY REQUIRED			
FROM:	france Nam	e (Printed or typed)		
	12593 g	Address S Will	Dr	
	Plovid	3 46 0	,9	

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

The name of the corporation shall be: "K" Management Co. The. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2593 Princy Hill Dr. 34609 ARTICLE III PORPOSE The purpose for which the corporation is organized is: Powroll Decvice ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Icanic Jongson	•	th Chapter 607 and/or Chap	, ,	,	
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ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name (s), address(es) and title(s): ICANIC JON 30 LOVI MORRISON ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: IVANIC JON 30 IZSYS PRINS MII DO PRINS MIII M. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: IVANIC JON 30 IZSYS PRINS MIII DO Spring MIII M. 34609 ***********************************		1 1			韶 星 丁
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Signature/Registered Agent Date					
Signature/Registered Agent Date				· 	5/6/02
	Signat	ire/Registered Agent		<u> </u>	Date
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Signature/Incorporator UDate	7		••	_ : <u> </u>	(4 0 3