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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

KONCEP'SHON INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

OF: **koncep'shon Inc.**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

koncep'shon Inc.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

**5507 N.W. 72ND AVEUNE
MIAMI, FLORIDA 33166**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 1000 PAR VALUE, ONE THOUSAND DOLLARS (\$1000.00).

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):

**PRESIDENT: DWIGHT CHRISTIE
5329 N.W. 190TH LANE
MIAMI, FLORIDA 33055**

**VICE PRESIDENT: KAYLA SHAW
5507 N.W. 72ND AVEUNE
MIAMI, FL 33166**

**TREASURER: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI, FLORIDA 33056**

**SECRETARY: MICHELLE EDWARDS
6272 N.W. 186TH STREET
MIAMI LAKES, FL 33015**

ARTICLE VI INCORPORATOR(S)

**F.C.M FINANCIAL SERVICES, INC.
BARBARA A. FOUST, C.P.A.
3401 N.W. 202ND STREET
CAROL CITY, FLORIDA 33056-1723**

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: DWIGHT CHRISTIE
5329 N.W. 190TH LANE
MIAMI, FLORIDA 33055

PREPARED BY:

VICE PRESIDENT: KAYLA SHAW
5507 N.W. 72ND AVENUE
MIAMI, FLORIDA 33166

TREASURER: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI, FLORIDA 33056

SECRETARY: MICHELLE EDWARDS
6272 N.W. 186TH STREET
MIAMI LAKES, FLORIDA 33015

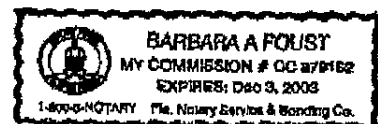
IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS
(HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS
APRIL 5TH, 2003.

SIGNATURE (S) OF THE INCORPORATOR (S)

DWIGHT CHRISTIE, PRESIDENT

KAYLA SHAW, VICE PRESIDENT

BARBARA FOUST, TREASURER



F.C.M. FINANCIAL SERVICES, INC.
BARBARA A. FOUST, C.P.A.
3401 N.W. 202ND STREET
CAROL CITY, FLORIDA 33056-1722


MICHELLE EDWARDS, SECRETARY

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION:

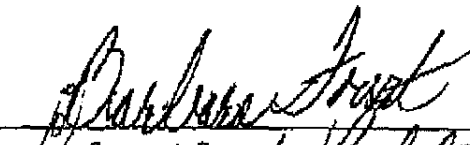
koncep'shon Inc

**2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE
IS:**

BARBARA FOUST - 3401 N.W. 202ND STREET -

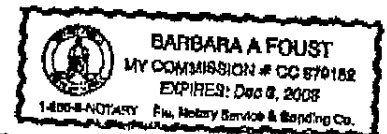
CAROL CITY, FLORIDA 33056-1722

SIGNATURE:



TITLE:

Certified Public Acct

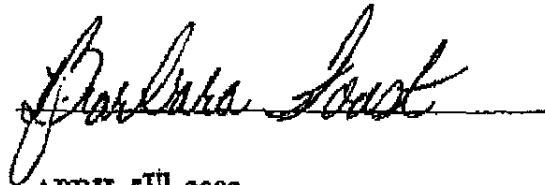


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DATE: _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325. FLORIDA STATUTES.

SIGNATURE: _____



DATE: _____

APRIL 5TH, 2003

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TALLAHASSEE, FLORIDA

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