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

TRANSMITTAL LETTER

242

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

SUBJECT:	KLF Associates Inc.				
(Proposed corporate name - must include suffix)					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Keith Freedman				
_	- Name (Printed or typed)				
388 Manufield J					
	Address				
Bog Raton FL 33 43 9					
·	City, State & Zip				
	(56)445-6348				
•	Daytime Telephone number				

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation Act, hereby adopts the following Articles of	ration3mdEChd BiorNa11: 08 Incorporation SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the corporation shall be: KLF ASS	ocets Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this co	Boca Roll PL 3343'
	388 Manstreld 1
	Boca Roth PC 33 4
ARTICLE III SHARES	
The number of shares of stock that this corporation is authori	zed to have outstanding at any one time is:
	ten shares-
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS
The name and Florida street address of the initial registered a	cont are:
	Keith Freadman
	388 Mansfield J
	Boca Ratan FC 339?
The name and address of the incorporator to these Articles	of Incompanting and
The <u>name and address</u> of the incorporator to these Articles of	
-	Keith Freedman 388 Nonstiela J
1	388 Nanstrela J

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designer that appointment as registered agent and agree to act in this capacity. I further agree to act provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent

Signature/Registered Agent

Signature/Incorporator

Date

Date