P04000030639

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300028000243

02/09/04--01027--003 **78.75



^ - 1

TRANSMITTAL LETTER

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

SUBJECT: MKA	H CORPORATION			
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	OLUKAYODE A. RAMOS			
	Nam	e (Printed or typed)		
	2620 SW 27TH AVENUE			
		Address		
	MIAMI	, FLORIDA 33133		
	Ćity	, State & Zip	 -	
	305-4	176-4220		
		Telephone number		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

MKAH CORPORATION

04 FEB -9 PM 4: 25

SECRETARIO DE STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2620 SW 27TH AVENUE MIAMI, FLORIDA 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL TRADING

ARTICLE IV SHARES

The number of shares of stock is: 100,000 SHARES.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): OLUKAYODE A. RAMOS - CEO 2620 SW 27TH AVENUE MIAMI, FLORIDA 33133 ZEINAB A. RAMOS - DIRECTOR

129 GAVILAN AVENUE CORAL GABLE, FLORIDA 33143

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

ZEINAB A. RAMOS 129 GAVILAN AVENUE CORAL GABLE, FLORIDA 33143

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

OLUKAYODE A. RAMOS 2620 SW 27TH AVENUE MIAMI, FLORIDA 33133

*****************	************	****
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and agr	ated corporation at the place designate ee to act in this capacity	ed in this
_ Marioof	2/2/04	-
Signature/Registered Agent	Date	
	2/2/04	٠.
Signature/Incorporator	Date	