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| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| (Do | ocument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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SECRETARY OF STATE.

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TRANSMITTAL LETTER

. Department of State

Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: KEMET HOUSE, INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78,75 **☑** \$87.50 □ \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Volume Burks Name (Printed or typed) 1645 N Laura Street Address Jacksonville, FL 32206 City, State & Zip 904 403-6960

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

KEMET HOUSE, INCORPORATED

ÁRTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1645 N Laura Street Jacksonville, FL 32206

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Kemet House shall provide total event and meeting planning services.

ARTICLE IV SHARES

The number of shares of stock is:

150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Volume Burks, Chairman/CEO Ok Sun Burks, Director/CFO Chloe Burks, Director Seann Burks, Director

REGISTERED AGENT <u>ARTICLE VI</u>

The name and Florida street address of the registered agent is:

Volume Burks 1645 N. Laura Street Jacksonville, FL 32206

ARTICLE VII INCORPORATOR

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

Ok Sun Burks

| 1645 N. Laura Street Jacksonville, FL 32206 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| ****************** | ************ |
| Having been named as registered agent to accept service of process for the abov certificate, I am familiar with and accept the appointment as registered agent and | e stated corporation at the place designated in this agree to act in this capacity |
| Volum Em | 3/23/2004 |
| Signature/Registered Agent | Date |
| OK Sun Burks | _ 3/23/2004 |
| Signature/Incorporator | Date |
| M Sun Busher Signature/Incorporator | |