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# FLORIDA PROFIT CORPORATION OR P.A.

#### KMAF Inc.

| Certificate of Status | 1       |
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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KMAF Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

KMAF Inc.

4611 S. US Highway 1 #23 Fort Pierce, FL 34982 OS JAN 21 JA 9 00

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Per Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Deborah Niemeyer 4611 S. US Highway 1 #23 Fort Pierce, FL 34982

Prepared By:
Bruce B, Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and titic(s) to these Articles of Incorporation is(are):

Larry Leiding-4611 S. US Highway 1 #23, Fort Pierce, FL 34982- President Jeff Leiding-4611 S. US Highway 1 #23, Fort Pierce, FL 34982- President

## ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Larry Leiding-4611 S. US Highway 1 #23, Fort Pierce, FL 34982 Jeff Leiding-4611 S. US Highway 1 #23, Fort Pierce, FL 34982

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of January 2005.

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is:  | KMAF Inc.   |                                | <del></del> |    |  |
|---|---|--------------------------------|-------------|----|--|
|   |   |                                |             |    |  |
| 2. The name and address of the regis  | stered agent and office is:   |                                |             |    |  |
|   | Deborah Ni  | emeyer                         |             |    |  |
|   | Name  |                                | ~           |    |  |
|   | 4611 S. US Highway 1 #23  |                                |             |    |  |
|   | (P.O. Box or Mail Drop Box NOT Acceptable)                          |                                |             |    |  |
|   | Fort Pierce, FL 34982   |                                | •           |    |  |
|   | (City / Sta   | tc / Zip)                      |             |    |  |
| corporation at the place designated agent and agree to act in this capa relating to the proper and complete obligations of my position as registed. | acity. I further agree to comply<br>te performance of my duties, an | with the provisions of all the | statutes    |    |  |
|   |   |                                | 27          | 05 |  |