(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
<b>(</b>	······································	··- <b>,</b>		
	ocument Number)			
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Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			



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# TRANSMITTAL LETTER

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

SUBJECT: MK FU	ND CORP. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUPFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status
FROM: ST	EPHEN J. KOLSKI, JR.	e (Printed or typed)	
į	2600 DOUGLAS ROAD, SUITE	1109 Address	· · · · · · · · · · · · · · · · · · ·
!	MIAMI, FL 33134	, State & Zip	
<u>:</u>	305-371-9575	Telephone number	<del></del>

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)

# ARTICLE I NAME

The name of the corporation shall be:

MK FUND CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 310536, Miami, FL 33231.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To register and license intellectual property, and all other lawful purposes.

### ARTICLE IV SHARES

The number of shares of stock is: 6,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Milan Kristoff, P.O. Box 310536, Miami, FL 33231, Director, President, Treasurer adn Secretary.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stephen J. Kolski, 2600 Douglas Road, Suite 1109, Coral Gables, FL 33134.

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Milan Kristoff, P.O. Box 310536, Miami, FL 33231

Signature/facorporator

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SECRETARY OF STATE ALLAHASSEE, FLORIDA