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J. Shivers MAY 18 2005

TRANSMITTAL LETTER

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

SUBJECT: K	PPER KORP (PROPOSED CORPORA)	PE NAME - MUST INCL	UDE SUFFIX)	_
Enclosed are an orig	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Ve	alerie L Hicks Name ((Printed or typed)		OS MAY I
7580 NW 29th St Address Margate, FL 33063 City, State & Zip				TARY OF STAILS OF COMPORATION
	954-536-7181	elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

KIPPER KORP, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7580 NW 29TH ST MARGATE, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VALERIE L HICKS 7580 NW 29TH ST MARGATE, FL 33063

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

VALERIE L HICKS 7580 NW 29TH ST MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VALERIE L HICKS 7580 NW 29TH ST MARGATE, FL 33063

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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la luck	05-16-2005
Signature/Registered Agent	Date
Colerie trop	05-16-2005
Signature/Incorporator	Date

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