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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/20/05--01018--016 \*\*87.50

T. Burch SEP 20 2005

**COVER LETTER**

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

**SUBJECT: KIKO HELPS INC.**

**(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  
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 COPY REQUIRED**

**FROM: JOSE A. MOJICA**

Name (Printed or typed)

**8000 BAYMEADOWS CIRCLE E APT # 21**

Address

**JACKSONVILLE, FL 32256**

City, State & Zip

**HOME (904) 374 9534 CELL (904)424 8931**

Daytime 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)

## ARTICLE I NAME

The name of the corporation shall be:

KIKO HELPS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8000 BAYMEADOWS CIRCLE E # 21  
JACKSONVILLE, FL 32256

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL KIND OF HOUSES AND BUILDINGS REPAIRS, TILE INSTALATION, REMODELING, ETC.

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE A. MOJICA  
8000 BAYMEADOWS CIRCLE E # 21  
JACKSONVILLE, FL 32256  
DIRECTOR

## ARTICLE VI REGISTERED AGENT

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

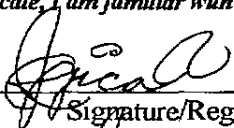
JOSE A. MOJICA  
8000 BAYMEADOWS CIRCLE E # 21  
JACKSONVILLE, FL 32256

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE A. MOJICA  
8000 BAYMEADOWS CIRCLE E #21  
JACKSONVILLE, FL 32256

\*\*\*\*\*  
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



Signature/Registered Agent

*José A. Mojica*

09/15/2005

Date



Signature/Incorporator

*José A. Mojica*

09/15/2005

Date

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TALLAHASSEE, FLORIDA