

Box 16

PO6000023191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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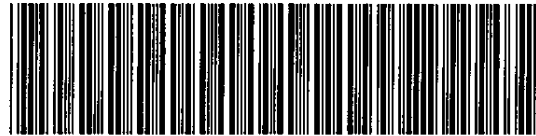
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 FEB 13 AM 8:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2/16/06

COVER LETTER

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

SUBJECT: Kawa Designs 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: **Darren Kawa**

Name (Printed or typed)

17945 Villa Club Way

Address

Boca Raton Florida 33496

City, State & Zip

561 470 6130

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:

Kawa Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17945 Villa Club Way
Boca Raton Florida 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment Industry Consulting

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darren Kawa, president, treasurer, secretary & director
17945 Villa Club Way
Boca Raton Florida 33496

ARTICLE VI REGISTERED AGENT

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

Joan Kawa
17945 Villa Club Way
Boca Raton Florida 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Darren Kawa
17945 Villa Club Way
Boca Raton Florida 33496


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

2--09-2006

Date



Signature/Incorporator

2-09-2006

Date

DARREN KAWA

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06 FEB 13 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA