P06000069758

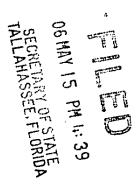
•		•	
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
,		· ·	
Special Instructions to Filing Officer:			
		İ	

Office Use Only



800074440218

05/15/06--01010--002 **78.50



de 5/19

COVER LETTER

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

SUBJECT: K	WI Moda IM	·	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	STEVEN COHE	<i>V</i>	
	13584 -133 Tu	(Printed or typed)	Loop.
	ORLANDO F	L. 32837 State & Zip	
	407-402-30	371	·- <u>-</u>

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The results of the second state of the little of the second state	*
The name of the corporation shall be: Kiwi ModA, Ivc.	06 MAY 15 PM 4: 39
	THE STATE
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	IALLA
The principal place of business/mailing address is:	1. ~
13584-133 Turtle Marsh Loop Ollando	46.52837
ARTICLE III PURPOSE	_
The purpose for which the corporation is organized is: Business For	ProFit
1.1	
ADDICED HE CHARDS	
ARTICLE IV SHARES The number of shares of stock is: 100	
The humber of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
STEVEN Cohen, President, Secratary	
7,0000 00 0000 7,7000 7	
-	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the register	ed agent is:
STEVEN COREN 13584-133 Tortiz marsh LP	
Stephen conservation to the state of	Tage
	12852
ADDICE DITT. INCORDODATO	
ARTICLE VII INCORPORATOR The name and address of the Incompensation	
The name and address of the Incorporator is:	•
STEVEN Coben 13584-137 Turtle Marsh o Oplando Fr. 32837	coop
Oplando Fc. 32837	
	» نامند، در دادند، در دادند، در دادند، در دار دار دار دار دار دار دار دار دار

certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
	- ·

ARTICLES OF INCORPORATION

Signature/Registered Agent

Signature/Incorporator