P06000096115

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

Office Use Only



100077309051

07/20/06-+01036-+014 **78.75



O6 JUL 20 PM 3: 1.

1/4

LAZARUS

CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. KISMET GOSE SSIONAL SER VICES, TWC- (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Prick up time A.OO Certificate of Status NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Domestication Other Status OTHER FILINGS REGISTRATION/QUALIFICATION		
1. KISMET ROSESSIONAL SERVICES, TWC- (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time J.00 (Certificate of Status) NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Other (Document #)		Office Use Only
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Amendment Profit	PORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Amendment Profit	LISMET PROFESSION	96 SERVICES, INC.
3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time	(Corporation Name)	(Document #)
3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time		
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Amendment Photocopy (Certified Copy (Certified C	(Corporation Name)	(Document #)
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Amendment Photocopy (Certified Copy (Certified C		
Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger	(Corporation Name)	(Document #)
Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger		·
Mail out Will wait Photocopy Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other Other Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	(Corporation Name)	(Document #)
Mail out Will wait Photocopy Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other Other Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Well-in 200	75] Constant Const
Profit Not for Profit Limited Liability Domestication Other AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
Profit Not for Profit Limited Liability Domestication Other Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Mail out Will wait Pho	otocopy
Not for Profit Limited Liability Domestication Other Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	W FILINGS AME	NDMENTS
☐ Limited Liability ☐ Change of Registered Agent ☐ Domestication ☐ Dissolution/Withdrawal ☐ Merger	Profit	mendment
Domestication Other Dissolution/Withdrawal Merger	_	
Other Merger		
OTHER FILINGS REGISTRATION/QUALIFICATION	The state of the s	
	HER FILINGS REGI	STRATION/QUALIFICATION
☐ Annual Report ☐ Foreign	Annual Report	oreign
☐ Fictitious Name ☐ Limited Partnership	Fictitious Name	imited Partnership
Reinstatement Trademark		
Other	<u> </u>	
CR2E031(7/97) Examiner's Initials)31(7/97)	Examiner's Initials

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JUL 20 PH 3: 41

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Kismet Professional Services, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8695 College Prwy suite 105C Fort Myers F1 33919.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

JO 0

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Concepcion Mijangos 8695 College Pkwy Svike 105 C Fort Nyers, Fl 33919.

SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUL 20 PM 3:41

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Arti	cles of
Important In	
Concepción Myangos 8695 College PLWy Suite Fort Uyerd, Fl 33 1919	INTO
8695 College PLWY Suite	103 C
Fort Uyers, F1 33 1919	
The undersigned incorporator has executed these Articles of Incorporation this /9 day of July 2006.	
medipolation this 19 day of Surgician	ø
(Ronaubeun Giraus)	
Signature	
·	

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Concepcion Mijangos President
8695 College Prwy Suite 1050
Fort Myers, F/ 33919

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature