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DIVISION OF CONFORATIONS

OF NOY 14 PH 12: 52

TRANSMITTAL LETTER

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

SUBJECT: KCA	A, CORP.		
SUBJECT:	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	1 a check for:
\$70.00	△ \$78.75	□ \$78.75	□ \$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	
		& Certificate of Status	
		ADDITIONAL CO	
			to Chaup Ing
FROM:	Victor M. Verdi C/C		tes Group, Inc.
	Name	(Printed or typed)	
	541 Warwick Lane		
		Address	
	Venice, Florida 34	1273	
	City,	State & Zip	
	941-484-2515		
	Daytime To	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: KCAA, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 348 NE 18TH STREET CAPE CORAL, FLORIDA 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PERPETUAL-TO PERFORM VARIOUS REAL ESTATE ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES (NO PAR)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTOPHER M. FRANCIS-348 NE 18TH STREET, CAPE CORAL, FL 33909 KRISTINE M. FRANCIS-348 NE 18TH STREET, CAPE CORAL, FL 33909

ARTICLE VI REGISTERED AGENT

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

VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC. 541 WARWICK LANE , VENICE, FLORIDA'34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER M. FRANCIS-348 NE 18TH STREET, CAPE CORAL, FL 33909 KRISTINE M. FRANCIS-348 NE 18TH STREET, CAPE CORAL, FL 33909

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

Liftstoffed M. Frances

Date

Signature/Incorporator Date