

P070Cxx67561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

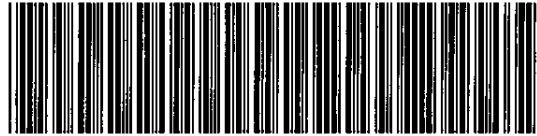
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/18/07
2/14/07
4/12/07
5/1/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2007

HOMERO FLORES
8432 NW 189 STREET 903
HIALEAH, FL 33015

SUBJECT: KEK SOLUTIONS, INC.
Ref. Number: W07000020627

We have received your document for KEK SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 607A00029036

COVER LETTER

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

SUBJECT: KeK Solutions, 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: Homero Flores

Name (Printed or typed)

8432 NW 189 Street # 903

Address

Hialeah, Fl 33015

City, State & Zip

(305) 823-9875

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:

KeK Solutions, ~~INC.~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8432 NW 189 Street # 903
Hialeah, FI 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IT services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Homero Flores - 8432 NW 189 St #903 Hialeah, FI 33015 - President
Karen Aguilar - 8432 NW 189 St #903 Hialeah, FI 33015 - Vice President

ARTICLE VI REGISTERED AGENT

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

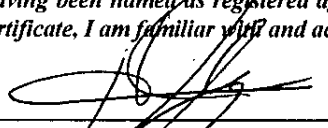
Homero Flores
8432 NW 189 St # 903
Hialeah, FI 33015

ARTICLE VII INCORPORATOR

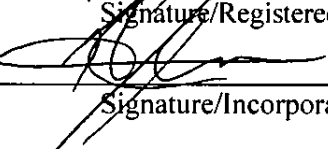
The name and address of the Incorporator is:

Homero Flores
8432 NW 189 St # 903
Hialeah, FI 33015

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date