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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

KB HARMAN, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

KB HARMAN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Address: 33843 US Hwy 19 North
Palm Harbor, FL 34684

Mailing Address: 3333 Ocio Street
Holiday, FL 34690

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:
One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Barbara Harman
3333 Ocio Street
Holiday, FL 34690

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Barbara Harman
3333 Ocio Street
Holiday, FL 34690

ARTICLE VI OFFICERS

The officer(s) of the corporation are:

Barbara Harman---President, Secretary, Treasurer
3333 Ocio Street
Holiday, FL 34690

Kenneth Harman---Vice President
3333 Ocio Street
Holiday, FL 34690

ARTICLE VII DIRECTORS

The director(s) of the corporation are:

Barbara Harman---Director
3333 Ocio Street
Holiday, FL 34690

Kenneth Harman---Director
3333 Ocio Street
Holiday, FL 34690

Barbara Harman
Signature/Incorporator

9-9-08
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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Barbara Harman
Signature/Registered Agent

9-9-08
Date

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TALLAHASSEE, FLORIDA