

Florida Department of State

Division of Corporations Public Access System

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To

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT/NON PROFIT CORPORATION

KAMI Corporation

Certificate of Status	1
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MINISTON OF CORPORATION

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10/9/2008

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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:

KAMI Corporation

ARTICLE II PRINCIPAL OFFICE

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

KAM1 Corporation 117 Screnity Bay Blvd. St. Augustine Beach, FL 32080

ARTICLE III SHARES

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

1,500 Shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathleen Metz 117 Serenity Bay Blvd. St. Augustine Beach, FL 32080

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-936-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are):

Kathleen Metz - President/Director 117 Serenity Bay Blvd. St. Augustine Beach, FL 32080

ARTICLES VI INCORPORATOR(S)

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

Kathleen Metz 117 Serenity Bay Blvd. St. Augustine Beach, FL 32080

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of October 2008.

Kathleen Metz - Signature

Kathleen Metz SIGNATURE H08000233277

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

	Kathleen Metz
	Name
	117 Serenity Hay Blvd.
	(P.O. Box or Mail Drop Box NOT Acceptable)
	St. Augustine Beach, FL 32080
	(City / State / Zip)
corporation at the place designa	d agent and to accept service of process for the above stated ited in this certificate, I hereby accept the appointment as registered pacity. I further agree to comply with the provisions of all the statutes lete performance of my duties, and am familiar with and accept the

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October 03, 2008

(Date)