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ALLAHASSEE, FLORIDA

T. Burch 24 2009

COVER LETTER

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

SUBJECT: Kismet	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	cles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status DPY REQUIRED
FROM: R	obert Labbate Name	(Printed or typed)	
	10728 SE Sea Spray Ct.	Address	
	Hobe Sound, FL 33455	, State & Zip	
	772-545-7801	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)

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ARTICLE I NAME

The name of the corporation shall be:

Kismet Enterprises, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

10728 SE Sea Spray Ct. Hobe Sound, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Domenica Labbate, President 10728 SE Sea Spray Ct. Hobe Sound, FL 33455 Robert Labbate, Vice President 10728 SE Sea Spray Ct. Hobe Sound, FL 33455

ARTICLE VI REGISTERED AGENT

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

Robert Labbate 10728 SE Sea Spray Ct. Hobe Sound, FL 33455

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: Domenica Labbate

10728 SE Sea Spray Ct. Hobe Sound, FL 33455

Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered ag	
de telle	10/20/2008
Signature/Registered Agent	Date
Somerica Falbale	10/20/2008
Signature/Incorporator	Date