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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEPARTMENT OF STATE OF CURPORATION

# **LAZARUS**

# CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):	
KFMK (	Corp.	
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Domestication	Dissolution/Withdrawal	
Other	Merger	•
OTHER FILINGS	REGISTRATION/QUALIFICATION	•
☐ Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	
CR2E031(7/97)	Examiner's Initials	

#### ARTICLES OF INCORPORATION

09 JUN 23 AM 11: 06

SECRETARY OF STATE ALLAHASSEE FLORIDA

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:

KFMK COEP.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

11053 NW 89 terrace#1504 Hi awi FL 33178

## **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Morra Hora 11053 NW 89 terrace #1504 Mrum FL, 33178

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#### ARTICLE V - INCORPORATOR

09 JUN 23 AM 11: 06

THE NAME AND STREET ADDRESS OF THE INCORPORATION IS:

11053 NW 89 terrace #1504 Miami FL 33178 opra Hora

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 2009

#### **ARTICLE VI - DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Horra Hora (Presiden

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE . I HEREBY ACCEPT THE PPOINTMENT AS REGISTERED ACCNT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ! AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.