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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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COVER LETTER

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

SUBJECT: K	5 Global Connect	TOMS, INC.	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
	Varalua lala	A < A M			

FROM:	Karolyn Johnson				
	Name (Printed or typed)				
	8218 North 14th Street				
Address					
	Tampa, Florida 33604				
•	City, State & Zip				
	813-930-9795				
Daytime Telephone number					
_	Kjohnson@Kjoglobalconnectionsinc.com				
	F-mail address (fo be used for future annual report notification)				

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: KJ'S GIDBU CONNECTIONS, INC.	SECRETARY OF STATE DIVISION OF CORPORATION: 2010 MAR -5 PM 1: 24
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 8218 North 14th Street, Tampa, Florida	33664
ARTICLE III PURPOSE The purpose for which the corporation is organized is: For INTERNATIONAL EXPORTING to the Carribean	Islands
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s): KAYOLYN JOHNSON, 8218 North 14th Street, Laternya Lucas, 1971 East Pine Street, Kank ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Kayolyn Johnson, 8218 North 14th Street	Tampa, Florida 33604 - Preside akee, IL 60901 - Vice President
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KAYOLYN JOHNSON, 8218 North 14th Street Having been named as registered agent to accept service of proceptate in this certificate, I am familiar with and accept agric to act in this capacity Signature/Registered Agent	**************************************
Signature/Incorporator	Date