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(Re	(Requestor's Name)					
(Ac	idress)					
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(Cl	ty/State/Zip/Phone #	<del>Ŧ</del> )				
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates o	f Status				
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Office Use Only



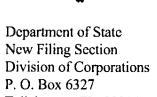
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

T

## **COVER LETTER**



Tallahassee, FL 32314

SUBJECT: KF Consulting, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROм: Angel Suarez	e (Printed or typed)
9280 SW 21 Street	J. (
<u> </u>	Address
Miami, FL 33165	Corte 0 7
· · · · · · · · · · · · · · · · · · ·	State & Zip
786	5-269-7867
Daytime T	elephone number
two8080@aol.com E-mail address: (to be use	d 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	KF Consulting	. Inc.	, , ,	
The name of the co	rporation shall be:	,		
ARTICLE II	PRINCIPAL OFFICE			
•	Principal street address		Mailing add	ress, if different is:
	280 SW 21 Street			
M	liami, FL 33165			
ARTICLE III	DIPPOSE			
	hich the corporation is organized is:			
	sulting and any and all other le	egal business	possibilities.	ZHO OCT 12 PH 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORID
The number of shar	es of stock is:1,000			- F.S. 13:
	•			<b>三</b>
	INITIAL OFFICERS AND/OR DIR			
	tle: Angel Suarez, President, Secretary &	Treasurer Name a	and Title:	
Address:	9280 SW 21 Street		ss:	
	Miami, FL 33165		<del></del>	
Name and Tit Address:	tle:	Name a	and Title:	
	<del></del>		-441	
Name and Tit	tle:	Name a	and Title:	
Address:		Addres	s:	
ARTICLE VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acce	ntable) of the regist	arad agant is:	
Name:	Angel Suarez		ered agent is.	
Address:	9280 SW 21 Street			
	Miami, FL 33165			
	•			
	INCORPORATOR			
	ress of the Incorporator is:			
Name: Address:	Angel Suarez	<del></del>		
Address.	9280 SW 21 Street Miami, FL 33165	<del></del>		
this certificate, Lam	d as registered agent to accept service of familiar with and accept the appointme	ent as registered ag	above stated corpora ent and agree to act i	tion at the place designated in in this capacity
1/5/1/	Required Signature/Registered A	gent		Date
	-			Date
I submit this docum document to the De	nent and affirm that the facts stated he partment of State constitutes a third degi 1	erein are true. I ar ree felony as provid	n aware that the fal ded for in s.817.155,	se information submitted in a F.S.
	Required Signature/Incorporat			10/0/10
-,	Required Signature/Incorporat	or	<del></del>	Date