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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIO

MRD 10/20

COVER LETTER

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

SUBJECT: KISSOM Consulting, (PROPOSED CORPORA)	Inc.	
(PROPOSED CORPORA)	FE NAMÉ – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: LISA KISSAM Name		
22708 V15+awood	d Way	
Boca Raton, FL City,	3342 8 State & Zip	
(561) 212-4635 Daytime To	elephone number	
115a Kissam at E-mail address: (to be used	Yahoo. Corr	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
ce with Chapter 607 and/or Chapter 621, F.S. (Profit)

Date

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ARTICLE I NAME The name of the corporation	shall be:	155am	Consul	ting	Incil	0 000	DM a
-	PAL OFFICE		00113001	· · ·),		200113	PM 3: 37
Priu	ncipal street add	lress		Ma	iling address	FERNTARY ENTRY SEE	OF STATE
Boca	8 VISTAW Raton, F	1 33428	, — —			101.1	- LANKIUA
	 						
ARTICLE III PURPORTION PURPORTION PROPERTY PURPOSE FOR Which the control of the purpose for which the purpose for wh		rganized is:					
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ARTICLE IV SHARE	ES						
The number of shares of stoo					lian V	155am/	' aussel
		AND/OR DIRE	CTORS		Ownc		001101
Name and Title: 414 Address: 227	5a K155a 108 V15ta	wood way	Name a Address		00000	<u> </u>	
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ARTICLE VI REGIS:	TERED AGE	NT					
The name and Florida stree	et address (P.O.	Box NOT accept	able) of the registe	ered agent is	s:		
	<u>sa Kissa</u> 2708 Vi	stawood	way				
<u>_B</u>	oca Rat	on, FL 33	428				
	PORATOR						
The <u>name and address</u> of the Name:	le Incorporator i	s: Sa~					
Address:	0708 VI	sam stawood ton, fl	Way				
	-	•					
Having been named as regi this certificate, I am familia							signated in
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I submit this document and document to the Departmen						jormation sub	muteu IN A
Lina	kissa	n-				10/11	40

Required Signature/Incorporator