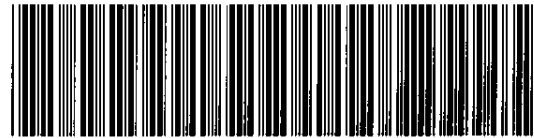


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

10/25/10--01019--003 **78.75

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2010

HARVEY L. RUBINCHIK, P.A.
1860 N. PINE ISLAND RD., #201
PLANTATION, FL 33322

SUBJECT: KINGDOM NETWORK GROUP, INC.
Ref. Number: W10000050402

We have received your document for KINGDOM NETWORK GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 310A00025336

COVER LETTER

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

SUBJECT: KINGDOM NETWORK GROUP, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: HARVEY L. RUBINCHIK, P.A.

Name (Printed or typed)

1860 N. PINE ISLAND ROAD, #201

Address

PLANTATION, FL 33322

City, State & Zip

954-475-9995

Daytime Telephone number

FLABAR73@AOL.COM

E-mail address: (to 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: KINGDOM NETWORK GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10901 NW 14TH STREET, APT. 436
PLANTATION, FL 33322

Mailing address, if different

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RESTAURANT/FOOD SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA B. USECHE, PRES.
Address: 10901 NW 14TH STREET
APT. 436
PLANTATION, FL 33322

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: HARVEY L. RUBINCHIK, ESQ.
Address: 1860 N. PINE ISLAND ROAD, #201
PLANTATION, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA B. USECHE
Address: 10901 NW 14TH STREET, APT. 436
PLANTATION, FL 33322

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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10 NOV - 4 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA