Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000261759 3)))



H100002617593AEC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009

Phone : (305)599-0839

Fax Number

: (305)599-0839

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| 13  | Address: |  |  |  |
|---|----------|--|--|--|
| DATE OF THE PARTY | AUGIBBB: |  |  |  |

# FLORIDA PROFIT/NON PROFIT CORPORATION K.I.D. GROUP INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

SECUREDARY OF STATE

AND ASSET OF STATE

OF THE PROPERTY OF STATE

OF

Electronic Filing Menu

Corporate Filing Menu

Help In

FILED

10 DEC -6 AN IO: 52

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

# ARTICLE OF INCORPORATION

OF

K. J. D. GROUP INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: K.I.D. GROUP INC.

The principal place of business of this corporation shall be: 11674 NW. 11 TE. ST. PEMBROKE PINES,FL. 33026

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or mation.

#### ARTICLE III CARITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS .

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are);

KEREN AYDOGAN 11674 NW. 11 TH.ST. PEMBROKE PINES,FL. 33026

DIRECTOR

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

KEREN AYDOGAN 11674 NW. 11 TH.ST. PEMBROKE PINES, FL. 33026 PRESIDENT, SECRETARY & TREASURER
100 shares

Signature/Title

| The undersigned has (have) executed these Article of Incorpora of tion this # UCTION | 7FD |
|--|-----|
|  |     |
| Signaturs/Title  |     |
|  |     |
| Signature/Title  |     |
| e e e e e e e e e e e e e e e e e e e  |     |

# FILED. 10 DEC -6 AN IO 52

SECRETARY OF STATE CERTIFICATE OF DESIGNATION WALLAMASSEE, #LOWN REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 1, ,         | The name of the corporation is:   |
|--------------|---|
|              | K.I.D. GROUP INC.   |
|              |   |
| 2_           | The name and address of the registered agent and office   |
| 4-           | is KEREN AYDOGAN KEREN AYDOGAN  |
| ·            | is KHILD AMDOGAN (Name)   |
|              | 11674 NW 11 ST  |
|              | (F. O. BOX NOT ACCEPTABLE)  |
|              | PEMBLOKE PINES FL 320210  |
|              | (CITY/STATE/ZIP)  |
|              | •   |
| HAVI<br>OF F | ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  |
| AS R         | PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI<br>REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR |
| THER         | R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES   |
|              | ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY            |
|              | TION AS MY POSITION AS REGISTERED AGENT.  |
|              | (V/11)  |
|              | SIGNATURE ( )   |
|              | 10/4/10   |
|              | DATE 101710   |
|              | <b>7</b> )  |