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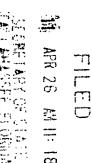
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COVER LETTER

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

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SUBJECT: KITANA INC.	·		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE 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 ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: <u>Kita Tiamtisack</u>	(Printed or typed)		
1637 Oak Street, #21			
Address			
Sarasota, Fl. 34236 City,	State & Zip		
941-400-5486 Daytime To	elephone number		
Kita.tiam@gmail.com E-mail address: (to be used	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 I The name of the cor	NAME Kitana Inc. poration shall be:			
ARTICLE II	PRINCIPAL OFFICE			
4	Principal street address	Mailing add	dress, if different is:	
	637 Oak Street. #21			
Si	arasota, FL 34236			
ARTICLE III	PURPOSE	-		
	ich the corporation is organized is:			
Personal Bu	siness Consulting and Assistance.			
ARTICLE IV The number of share	es of stock is: 1			
	INITIAL OFFICERS AND/OR DIRECTOR is:Kita Tiamtisack - President			
Address:	1637 Oak Street. #21	Address:		
ridatos.	Sarasota FL 34236			
	Janaban, I - U-Fran			
Name and Tit	le:	Name and Title:		
Address:		Address:		
Audices.				
	le:	Name and Title:		
Address:		_ Address:		
			Stan Land	
		_		
ARTICLE VI	REGISTERED AGENT	Cale - manifestanced company in		
	ida street address (P.O. Box NOT acceptable) o		## 8 F	
Name: Address:	ilya N. Gaev 1637 Oak Street, #21		The In	
Audress:	Sarasota, Fl 34236	_	m a u	
	Jalasula, I.I Dacuu	-		
ARTICLE VII	INCORPORATOR			
The name and add	ress of the Incorporator is:		374 CO	
Name:	Kita Tiamtisack		•	
Address:	1637 Oak Street, #21 Sarasota, Fl. 34236	_ 		
Having been name his certificate, I am	d as registered agent to accept service of process familiar with and accept the appointment as re	 is for the above stated corpor gistered agent and agree to act	In this capacity	
	With Siller		9/21/11	
	Required Signature/Registered Agent		Date //	
submit this docum	nens and affirm that the facts stated herein are partment of State constitutes a third degree felon	e true. I am aware that the fi iy as provided for in \$.817.155	alse information submitted in . , F.S.	
i) -L.	1 +	• •	4/2.1.	
VITA:	TIMBLAGE K		7/2/11	
_ */~~~~/	Required Signature/Incorporator		Date	