P11000066697

		(Re	questor's Name)
		(Ad	dress)	
		(Ad	dress)	
		(Cit	y/State/Zip/Phor	ne #)
	P	ICK-UP		MAIL
		(Bu	siness Entity Na	ime)
		(Do	cument Number	r)
Certif	ied Copie	es	_ Certificate	es of Status
Spe	cial Instr	uctions to	Filing Officer:	

300209525343

07/05/11--01038--014 **78.75

W3 2934



Office Use Only

5000, JUL 2 5 2011

COVER LETTER

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

SUBJECT: Kine & Co. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ł,

Enclosed are 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

\$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
OPY REQUIRED

FROM: Christine Elizabeth Archilla

Name (Printed or typed)

6865 Bay Drive Apt8

Address

Miami Beach, Fl 33141

City, State & Zip

305-469-7288

Daytime Telephone number

kine.co@hotmail.com E-mail address: (to be used for future annual report notification)

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



RECEIVED 11 JUL 22 AM II: 09

SECRETARY OF STATE FLORIDA DEPARTMENT OF STAT**ALLAHASSEE**, FLORIDA Division of Corporations

July 6, 2011

CHRISTINE E ARCHILLA 6865 BAY DRIVE APT 8 MIAMI BEACH, FL 33141

SUBJECT: KINE & CO. Ref. Number: W11000035834

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 811A00016100

www.sunbiz.org

Division of Cornerations DO BOX 6327 Tellahassee Florida 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE					
	Principal street address	Mailing address, if different is:				
	6865 Bay Drive Apt8			<u> </u>		
	Miami Beach, Fl 33141	·····-				
				A CE N	5	
	PURPOSE			SECRETZ ALLAHA		
	which the corporation is organized is:))	
Wholesaler	•			22 . L	•	
				SSE 22	} 1	
				mo		
				 	•	
				OR f:		
ARTICLE IV	SHARES	•				
The number of s	hares of stock is: Three shares at the price	ce of \$100.00 per	share	DA TE		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS				
Name and	Title:President Nery Dante Cejas 6865 Bay Drive Apt8	Name and Title	Vice President			
Address:	Nery Dante Cejas	_ Address:	Christine Elizab	eth Archilla		
	6865 Bay Drive Apt8		6865 Bay Drive	Apt8		
	Miami Beach, FI 33141		Miami Beach, F	33141		
Name and	Title: Secretary	Name and Title				
Address:	Christine Elizabeth Archilla	Address:				
	6865 Bay Drive Apt8					
	6865 Bay Drive Apt8 Miami Beach, Fl 33141			· · · <u> </u>		
Name and	Title:	Name and Title	·			
Address:						
	······					
ARTICLE VI	REGISTERED AGENT	1.) - Cale				
Name:	Florida street address (P.O. Box NOT acceptate Christine Elizabeth Archilla	ole) of the registered age	int is:			
Address:						
Address:	6865 Bay Drive Apt8 Miami Beach, FL 33141					
	Miami Beach, FL 33141					
ARTICLE VII	INCORPORATOR					
The <u>name and a</u>	ddress of the Incorporator is:					
Name:	Christine Elizabeth Archilla					
Address:	6865 Bay Drive Apt8					
	Miami Beach, FI 33141					

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

June 29, 2011 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

June 29, 2011 Date Û

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