Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION KW&GBS Tax Inc.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

KW&GBS Tax Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12520 NW 21 Place Miaml, FL 33167

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Chavannes, Eliacin 12520 NW 21 Place Miami, FL 33187

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940 08/23/2011 12:50:18 PM -0400 POWERED BY ORCAFAX

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Chavannes, Eliacin - President/Director 12520 NW 21 Place, Miami, FL 33167

ARTICLES VI INCORPORA TOR(S)

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

Chavannes, Eliacin 12520 NW 21 Place, Miami, FL 33167

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

22nd day of August 20 11

Chavannes Fliacin

- Sienature

1. The name of the corporation is: KW&GBS Tax inc.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the register	ed agent and office is:
	Chavannes, Eliacin
	Namo
	12520 NW 21 Place
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Mlami, FL 33167
	(City / State / Zip)
agent and agree to act in this capaci	in this certificate, I hereby accept the appointment as registered ity. I further agree to comply with the provisions of all the statutes performance of my duties, and am familiar with and accept the red agent.
Chavannes, Eligohi SIGNATURE	