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COVER LETTER

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

losed are an original and one (1) copy of the arti	cles of incorporation an	d a check for	
losed are all original and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
FROM: Bruce A. Willey, Willey, C			
Name	(Printed or typed)		
Name 3519 Center Point Rd. N	(Printed or typed) E. Address	SEP	
3519 Center Point Rd. N	(Printed or typed) E. Address	SEP 12 AM	

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 co	NAME KKN Enterprises, I reportation shall be:	nc.	
ARTICLE II	PRINCIPAL OFFICE		
_	Principal street address		lress, if different is:
	510 North 24th Ave. #104	c/o Bruce A. Will	ey, Willey, O'Brien, L.C.
L	ake Worth, FL 33460		nt Rd. N.E.
-	• • • • • • • • • • • • • • • • • • • •	<u>Cedar Rapids, IA</u>	52402
ARTICLE III	PITEPOSE		
	hich the corporation is organized is:		
planning and			
picining circ			
	•		
ARTICLE IV	SHARES		
	res of stock is 20,000		
	INITIAL OFFICERS AND/OR DIRE		
	tle: Kai B. Niemi, President and Tre		
Address:	510 North 24th Ave. #104	Address:	
	Lake Worth, FL 33460		
	· · · · · · · · · · · · · · · · · · ·		
Name and Ti	tle:Katri E. Niemi, Vice President and Se	ecretary Name and Title:	
Address:	510 North 24th Ave. #104	Address:	
	Lake Worth, FL 33460		
N 4 T	AI	None and Title.	
Address:	tle:	A ddress:	
Aduless.		Audicss.	
	REGISTERED AGENT		SEP 12
	rida street address (P.O. Box NOT accepta	able) of the registered agent is:	SEP T
Name:	Kai B. Niemi		William Property of the Proper
Address:	510 North 24th Ave. #104 Lake Worth, FL 33460		
	Lare Worth, FL 33400		
ARTICLE VII	INCORPORATOR		in the comments of the comment
The name and add	Iress of the Incorporator is:		we have the
Name:	Bruce A. Willey, Willey, O'Brid	en, L.C.	*
Address:	3519 Center Point Rd. N.E.		* • • • • • • • • • • • • • • • • • • •
	Cedar Rapids, IA 52402		
Umina heen name	ed as registered agent to accept service of	neacess for the above stated cornora	ation at the place designated in
this certificate. I an	n familiar <u>with an</u> d accept the appointment	as revistered agent and agree to act	in this capacity
//			4 1 .
La	Alpun		08/24/2011
	Required Signature/Registered Age	nt	Date
	verlinten sikinstnie vedisteren yke	•	Date
I submit this docu	ment and affirm that the facts stated here	in are true. I am aware that the fa	lse information submitted in a
document to the Re	partment of State constitutes a third degree	e felony as provided for in s.817.155,	F.S.
`	(KO(+,)		QII
	120		9/1/11 Date
	Required Signature/Incorporator		Date