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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

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

SUBJECT:	KMB Broker, LLC							
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an	original and one (1) copy of the arti	icles of incorporation an	d a check for:					
\$70.00 Filing Fe	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status					
		ADDITIONAL C	OPY REQUIRED					
FROM:	Kevin M. Brill Name 6799 Collins Avenue.	e (Printed or typed)						
		Address						
	Miami Beach, FL 331	141 State & Zip						
	786 356-9166 Daytime T	elephone number						
	kevinmbroker@aol.com E-mail address: (to be use	n 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 co	NAME orporation shall be:	KMB Brok	er, Inc.			
ARTICLE II	PRINCIPAL OFFIC	<u>E</u>				
	Principal <u>street</u> a]	Mailing addres	s, if different is:
	6799 Collins Aven					<u>_,, .— _, — _,</u>
-	Miami Beach, FL :	33141				
ARTICLE III	PITEPOSE					
	hich the corporation is	organized is:				
•		(Consulting	and Marke	ting Realty	Properties
			Buyin	§ 4nd	Selling	property
ARTICLE IV The number of sha	SHARES ures of stock is: 500					
	INITIAL OFFICER			1 1971-1		
	itle: Kevin M. Brill,	President		ame and little	·	
Address:	6799 Collins	Avenue, # 5l	<u>18</u> A	.aaress:		
	_Miami Beach,	FL 33141				
Name and Title:	itle:		N	lame and Title	:	
Address:			· ·	ddress		
Addiess.						
Name and T Address:	itle:		^ N	lame and Title ddress:		
	REGISTERED AG	ENT	-	majatered aree		Žo. 🛨
Name:	Kevin M. Br		cpublic) of the	registered age	111 15.	E Comment
Address:	6799 Collins		500			
Addiess.	Miami Beac					The state of the s
						
ARTICLE VII	INCORPORATOR					ी किस्तु का क्षितिक का क्षितिक का क्षितिक का क्षितिक का का का क्षितिक का
The name and ad	dress of the Incorporator	ris:				- IN R PA
Name:	_ Kevin M. Br					Es N
Address:	6799 Collins Miami Beac	Avenue, # 5	i08			
		o accept service				- / · · /
	Required Signs	pure/Registered	geni		•	// 3/ 12 Date
I submit this doc			-	e. I am aware	that the false	/ / Information submitted in a
document to the D	epartment of State Cons	titut <u>es a third de</u>	gree felony as	provided for it	n s.817.155, F.	S.
		i K	111	///		7/2/12
	Required Sig	nature/Incorpora	afor	4		Date