## P12000099993

(Re	equestor's Name)			
(Ad	Idress)			
(Ad	ldress)			
·				
(Cit	ty/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600242406856

• ,

12/06/12--01017--001 \*\*70.00

FILED
12 DEC -6 MHD: 31

MRD 12/7/12

## **COVER LETTER**

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

SUBJECT: KNN	M CAFE CORP		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
22	239 NW 170 Ave	NUE Address	
Pe	embroke Pines, I	FI 33028	
(7	86) 973-5353	State & Zip	
	•	elephone number	
IVE	eliseavilajohnson(	@gmail.com d for future annual report i	notification)
	Danian address. (10 be disc	a for fature amman report r	ioniion)

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)

FILED

ARTICLE I	NAME:		12 DEC -6 AM IO: 34
The name of the c	orporation shall be: KNM Cafe Corp	).	
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STATE
	Principal street address	Mailing	JALLAHASSEE, FLORID, address, if different is:
	7323 NW 44 Street		
	Mlami, Fl 33166	<del></del>	
ARTICLE III	PURPOSE		
The purpose for w	which the corporation is organized is: Fast Fo	od Retail Store	
ARTICLE IV The number of sha	SHARES  ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	
	itle: Matias A. Rey, President		
Address:	7323 NW 44 Street	Address:	
Miam	Miami, FI 33186		
Name and T	itle: Kenny Herrara, VP	Name and Title:	
Address:	7323 NW 44 Street	Address:	
Miami, F) 33166	Miaml, Fl 33166		
Name and T	itle: Nestor Zavarce, Se	SC Name and Title:	<u> </u>
Address: 7	7323 NW 44 st.	Address:	
	MIAMI, FL 33/66		
ARTICLE VI	REGISTERED AGENT		<del></del>
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ivelise Avila-Johnson		
Address:	2239 NW 170 Avenue	<del></del>	
	Pembroke Pines, Fl 33028	<del></del>	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
	Ivelise Avita-Johnson		
Address: 2	2239 NW 170 Avenue	·	
	Pembroke Pines, FI 33028		
	ed as registered agent to accept service of proc m familiar with and accept the appointment as i		
	\ '\		11-19-12
	Required Signature/Registered Agent		11-19-12- Date
I submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that th	e false information submitted in a
document to the <b>6</b>	epartment of State constitutes a third degree fel	ony as provided for in s.817	v. 155, F.S.
	// \ \ \ / /		11-19-12

Required Signature/Incorporator