

**P13000011248**

Division of Corporations

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : 1200800000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
KD&K SERVICES CORP**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

FEB-04-2013 09:18 From:

To: 850 617 6381

P.2/4

February 1, 2013

**Florida Department of State**

Attention: New Filings Section

To Whom It May Concern:

This is to advise you that the owners of **KD&K SERVICES CORP.**, of Doc # **P11000094589**, are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

*Ana Marily Delgado*

Very sincerely,

13 FEB -4 4H10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: **KD&K SERVICES CORP.**

### ARTICLE II PRINCIPAL OFFICE

Principal Address and Mailing Address: **2770 W 60 PL, SUITE 201  
HIALEAH FL 33016**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

### ARTICLE IV SHARES

The number of shares of stock is: **100**

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**  
Name: **ANA MARILY DELGADO**  
Address: **2770 W 60 PL, SUITE 201  
HIALEAH FL 33016**

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **ANA MARILY DELGADO**  
Address: **2770 W 60 PL, SUITE 201  
HIALEAH FL 33016**

The name and address of the Incorporator is:

Name: **ANA MARILY DELGADO**  
Address: **2770 W 60 PL, SUITE 201  
HIALEAH FL 33016**

*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*

Date: **February 1, 2013**

  
Required Signature/Registered Agent

*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.*

Date: **February 1, 2013**

  
Required Signature/Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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