

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KIWI PUBLISHING, INC.**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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

ARTICLE I NAME Kiwi Publishing, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address, if different is:

508 NE 7th Avenue
Suite 1
Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: engaged in business under the laws of the State of Florida

ARTICLE IV SHARES 1,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Alexis Cohan (President)</u>	Name and Title:	_____
Address	<u>508 NE 7 Ave, Suite # 1</u>	Address:	_____
	<u>Ft. Lauderdale, FL 33301</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

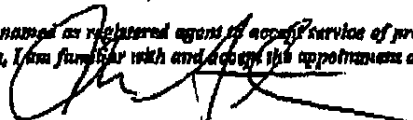
Name: Mark D. Feinstein, Esq.
Address: 7901 SW 8 Court, Suite 305
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexis Cohan
Address: 508 NE 7 Ave, Suite 1
Ft. Lauderdale, FL 33301

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 further with and accept this appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/10/13

Date

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.



Required Signature/Incorporator

9/10/13

Date

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