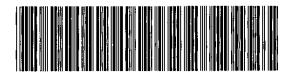
PHXXXXXXX

(Re	equestor's Name))
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL.
(Bı	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300258641713

04/22/14--01001--007 **78.75

JESSION OF CORPORATIONS

RECEIVED 14 APR 21 PM 3: 46

14 APR 21 AH 7: 02 SECRETARY STATE FATT AHASSEE FLORID

CORPORATE

"When you need ACCESS to the world"

•	ACCESS,	E	
	INC.	236 Ea P.O. Box 37066 (32315-70	East 6th Avenue . Tallahassee, Florida 32303 7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
··	10°		WALK IN.
		PICK UP:	4/21
4	CERTIFI	ED COPY	
	РНОТОС	СОРУ	***
	CUS		
à	FILING	<u></u>	<u>Jne</u>
•	(CORPORATE NA	ME AND DOCUMENT #)	neral, INCo
	(CORPORATE NA	AME AND DOCUMENT #)	#)
	(CORPORATE NA	AME AND DOCUMENT #)	#)
	(CORPORATE NA	AME AND DOCUMENT #)	#)
	(CORPORATE NA	AME AND DOCUMENT #)	#)
	(CORPORATE NA	AME AND DOCUMENT #)	#)
PECIA	L INSTRUCTIO	NS:	

COVER LETTER

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

SUBJECT:	KIFKC General, Inc.		
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: _E	Fric Khrom	e (Printed or typed)	
16	91 Michigan Av		or
М	iami Beach, FL	33139	
	•	State & Zip 376-5338	
	Daytime T	clephone number	
		romcapital.com	notification)

NOTE: Please provide the original and one copy of the articles.

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

RTICLE II F	Principal office Principal street address	Mailing address, if	different is:
691 Michig	an Avenue, 2nd Floor	1691 Michigan Ave	
_	h, FL 33139	Miami Beach, Fl	
			
RTICLE III PO se purpose for which	URPOSE th the corporation is organized is: Any law	vful purpose for which	a corporation
	I under the Laws of Florida and to		
· · · · ·			· · ·
			· · · · · · · · · · · · · · · · · · ·
<u> </u>		<u> </u>	
•			
RTICLE IV S			
RTICLE IV S.	HARES of stock is: 200 without par value		
	HARES of stock is: 200 without par value	e	TAS TA
RTICLE V II	HARES of stock is: 200 without par value WITIAL OFFICERS AND/OR DIRECTOR	e	TALL TALL
RTICLE V II	HARES of stock is: 200 without par value WITIAL OFFICERS AND/OR DIRECTOR itle: Eric-Khrom; GEO	e	SECTION APR
RTICLE V II	HARES of stock is: 200 without par value WITIAL OFFICERS AND/OR DIRECTOR itle: Eric-Khrom; GEO 1691 Michigan Ave.	e	14 APR 21 SECRETAR TALLAHAS
RTICLE V II	HARES of stock is: 200 without par value of stock i	S. Name and Title:	R 21
RTICLE V II	HARES of stock is: 200 without par value WITIAL OFFICERS AND/OR DIRECTOR itle: Eric-Khrom; GEO 1691 Michigan Ave.	S Name and Title:Address:	R 21 AM
RTICLE V II	HARES of stock is: 200 without par value of stock i	S Name and Title:Address:	R 21 AM
Name and T Address	HARES of stock is: 200 without par value of stock i	S Name and Title:Address:	R 21 AM
Name and T Address Name and Ti	HARES of stock is: 200 without par value of stock i	S Name and Title: Address: Name and Title:	R 21 AM 7:0
Name and T Address	HARES of stock is: 200 without par value of stock i	S Name and Title: Address: Name and Title:	R 21 AM
Name and T Address Name and Ti	HARES of stock is: 200 without par value of stock i	S Name and Title: Address: Name and Title:	R 21 AM
Name and T Address Name and Ti	HARES of stock is: 200 without par value of stock i	S Name and Title: Address: Name and Title:	R 21 AM
Name and T Address Name and Ti	HARES of stock is: 200 without par value of stock i	S Name and Title: Address: Name and Title:	R 21 AM
Name and T Address Name and Tin Address	HARES of stock is: 200 without par value of stock i	S. Name and Title: Address: Name and Title: Address:	HASSEF FLORIDA
Name and T Address Name and Tin Address	HARES of stock is: 200 without par value of stock i	S. Name and Title: Address: Name and Title: Address:	HASSEF FLORIDA

	e and Title:	Name and Title:	
Add	ress	Address:	
			
		· • • • • • • • • • • • • • • • • • • •	
ARTICLE V	T REGISTERED AGENT 1 Florida atreet address (P.O. Box NOT acceptable) o	of the registered agent is:	
Namo:	Eric Khrom		•
Address:	1691 Michigan Ave, 2nd Floor	- !	•
, radio, es	Miami Beach, FL 33139	-	
		-	
ARTICLE VI	II INCORPORATOR		
The name and	address of the Incorporator is:		•
Name:	Eric Khrom	,	
	1691 Michigan Ave, 2nd Floor		
Address:	·	<u>.</u>	
	Miami Beach, FI 33139	•	
Having been n	arned as registered agent to accept service of process	for the above stated corporation at the plac	e designated in
this certificate,	I am familiar with and accept the appointment as reg	istered agent and agree to act in this capacit	· .
		*	•
X		<u> 411011</u>	<u> </u>
X	Required Signature/Registered Agent	· ·	TALL SE
I submit this de	ocument and affirm that the facts stated hardn are	true. I om aware that the false information	
I submit this de document to the	-	true. I om aware that the false information	EU 7
I submit this de document to the	ocument and affirm that the facts stated harein are a Department of State constitutes a third degree felong	true. I am aware that the false information y as provided for in x.817.155, F.S.	submitted in a S
I submit this de document to the	ocument and affirm that the facts stated hardn are	true. I am aware that the false information y as provided for in x.817.155, F.S.	submitted in a RO
I submit this de document to the	ocument and affirm that the facts stated harein are a Department of State constitutes a third degree felong	true. I am aware that the false information y as provided for in x.817.155, F.S.	submitted in a NH 2 APR 2 AH
I submit this de document to the	ocument and affirm that the facts stated harein are a Department of State constitutes a third degree felong	true. I am aware that the false information y as provided for in x.817.155, F.S.	submitted in a RO