





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co	rporations		
	Fax Number .	. :. (850)617-6381	•	₹
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From:				(JFB)
	Account Name	: LAZARUS CORPOR	ATE FILING	SERVICE - I
	Account Number	: 120000000019	•	
	Phone	: (305)552-5973		
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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 KRC GROUP INC

Certificate of Status	0
Certified Copy	1
age Count	04
Estimated Charge	\$78.75

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of KOOP INC of Doc# P13 00 00 7 3 6 5 2 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.

Very Sincerely,

H14000164224

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:
KRC GROUP INC
ARTICLE IL PRINCIPAL OFFICE: 46 3645400
The principal street address and mailing address is:
MIAMI FL 33196
Prider PC 331910
ARTICLE III SHARES: The number of shares of stock is: \\ \O \O \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Kellyd Rodriguez (P) = 850
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- No.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
KELLYD BODESONEZ
14130 SII 152 BI
14130 300 102 PC
MIAMI TC 351910
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
KELLYA RODRIAUEZ
11120 SW 157 PL
MIAMI FI 331910

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Required Signatures:

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

In this capacity	,
Registered Agent	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.

incorporator	 Date