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Office Use Only



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COVER LETTER

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

741141145500, 115 525	,,,,		
SUBJECT: KRI	SAMMY.CORP (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: S	ILVIA VILLATE	e (Printed or typed)	
33	309 NW 7th ST	Address	
<u>M</u>	IAMI,FL,33125		
	City,	State & Zip	

305-642-1741

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

Daytime Telephone number

svillate@hotmail.com

E-mail address: (to be used for future annual report notification)



September 4, 2014

SILVIA VILLATE 3309 NW 7TH ST MIAMI, FL 33125

SUBJECT: KRISAMMY. CORP Ref. Number: W14000053801

We have received your document for KRISAMMY. CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the entity for Article I, and a space between the name and the suffix.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 314A00018825

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



ARTICLE I NAME NAME NAME NAME NAME NAME NAME NAME	ME KRISAMMY. C	ORP
	NCIPAL OFFICE	14 SEP 12 PM 2:1
	Principal <u>street</u> address	Mailing address if different is: ADAMAR VEIGA CASSE OF OUR
ADAMAR VEI		
2547 WEST 7		2547 WEST 70 PLACE
HALEAH FL,	33016	HIALEAH FL,33016
RTICLE III PUR	POSE the corporation is organized is:	LEGAL BUSINESS
ne purpose for which t	no corporation is organized is.	
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECT	ORS
Name and Title	: ADAMAR VEIGA PRESIDE	NT Name and Title:
Address	2547 WEST 70 PLACE	
	HIALEAH,FL 33016	
	· · · · · · · · · · · · · · · · · · ·	
	ADAMAR VEIGA VICE PRESIDE	NT
	2547 NW 70 PLACE	Name and Title:
Address	HIALEAH,FL 33016	Address:
	TIMEEATI,FE 33010	
		
Name and Title:		Name and Title:
Address		Address:

(conti.)

APPHOVEL AND FILED

Name and	1 little:	_ Name and Title:_	14 SEP 12 PH 2:49
Address		_ Address:	SECHETARY UP STATE TALLARICOSEE STORING
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	f the registered ager	nt is:
Name:	ADAMAR VEIGA	_	
Address:	2547 WEST 70 PLACE	_	
	HIALEAH FL,33016	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	ADAMAR VEIGA	_	
Address:	2547 WEST 70 PLACE	-	
	HIALEAH FL,33016	<u>-</u>	
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg XA LeiGA		
	Required Signature/Registered Agent		/ Lyate
	iment and affirm that the facts stated herein are Department of State constitutes a third degree felon		
120	0 //		elastui
_Mda	Required Signature/Incorporator		8/20/14 Date
			•