

May 6/1/2015

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

From:
Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
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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
KANA ENTERPRISES CORP**

Certificate of Status	0
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May. 1. 2015 2:10PM 3852879420
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L B MULTISERVICES

No. 7033 P. 2 01/01
No. 7016 P. 1/1

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared JOHANN KALLINGER who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the President of KANA ENTERPRISES, CORP., a Florida corporation to be filed with the Florida Department of State on or about APRIL 30TH 2015
2. The undersigned hereby consents to and authorizes the use by JOHANN KALLINGER of the name KANA ENTERPRISES, CORP.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

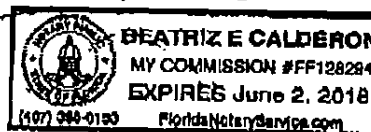

Johann Kallinger
Kana Enterprises, Corp.

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, JOHANN KALLINGER, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 30 day of APRIL 2015


Notary Public Signature



May. 1. 2015 2:10PM

No. 7033 APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KANA ENTERPRISES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3650 NW 82ND AVE

SUITE 404

DORAL, FL 33166

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

Name and Title: JOHANN KALLINGER PRESIDENT

Name and Title: GISELLE NASSER Vice President

Address: 3650 NW 82ND AVE

Address: 3650 NW 82ND AVE

SUITE 404

SUITE 404

DORAL, FL 33166

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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7033 P. 4

15 MAY -1 AM 10:50

Name and Title:	_____	Name and Title:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: JOHANN KALLINGER
Address: 3650 NW 82ND AVE SUITE 404
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHANN KALLINGER
Address: 3650 NW 82ND AVE SUITE 404
DORAL, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

4/30/2015
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

4/30/2015
Date