

MD 6/15

COVER LETTER

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

SUBJECT: Kym. Houture Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kimberly Reynaldo
Name (Printed or typed)

15751 Sheridan St. # 141
Address

Ft. Lauderdale FL 33331
City, State & Zip

954-257-7562
Daytime Telephone number

Kimberly_0214@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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: Kym Kulture Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15751 Sheridan St. #141
Ft. Lauderdale, FL 33331

15751 Sheridan St. #141
Ft. Lauderdale, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clothing sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Reynold (President)

Name and Title: _____

Address: 15751 Sheridan St. #141

Address: _____

Ft. Lauderdale, FL 33331

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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:

Kimberly Reynaldo

Address:

~~15751~~ 15751 Sheridan St. #141
Ft Lauderdale FL 33331

FILED
JUN 11 2015
CLERK OF COURT
JULIA A. HARRIS

15 JUN 11 AM 8:43

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Kimberly Reynaldo

Address:

~~15751~~ 15751 Sheridan St. #141
Ft. Lauderdale, FL 33331

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.

[Signature]

Required Signature/Registered Agent

6/8/15

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.

[Signature]

Required Signature/Incorporator

6/8/15

Date