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DIVISION OF EGRPORATION

~ 09/17/15

COVER LETTER

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

A A

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRE		
FROM:	Danielle K 508 SE 28	PTZ e (Printed or typed) 3+LAVe	· ·
· _	Ompano Beau	Address A State & Zip	306 Z
	954-083 Daytime 7	7-0202 Telephone number	
	dkutz 40/ @/e E-mail address: (to be use	mail com	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)

The name of the corporation shall be:	lle KA+Z, P.A.	
ARTICLE II PRINCIPAL OFFICE Principal street address		ress, if different is:
508 SE 28th Ave.		S/A
Pompano Beuch, FZ	3062_	<i>/</i> ·
ARTICLE III PURPOSE The purpose for which the corporation is organized		
KEAR ESTATE	· · · · · · · · · · · · · · · · · · ·	OIVIS 15
		SEP
		-8
		RPOS RPOS
		7 AA
		3
ARTICLE IV SHARES The number of shares of stock is:	<i>[</i> 0	
ARTICLE V INITIAL OFFICERS AND/OR D	<u>RECTORS</u>	
Name and Title:	Name and Title:	
Address	Address:	
·		
Name and Title:	Name and Title:	
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: Daniel 4.	<u>t</u>
Address: 508 SE 08 Th	- Hve.
· Pompuno Beau	h, fz 33062 sg gg
ARTICLE VII INCORPORATOR	FILEL OF COR
The <u>name and address</u> of the Incorporator is:	AN II
Name: Danielle la	+ 2 58 2A
Address: $5085E287$	- Ave
Pompano Bea	1h, tz 33062
ADTICLE VIII PERFECTIVE DATE.	53002
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
	fic and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet to the document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as ate's records.
Having been named as registered agent to accept serv this certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Required Signature/Register	red Agent Date
()	ed herein are true. I am aware that the false information submitted in a
1. Kas	\(\langle\) \(\lan
Required Signature/Inforporator	Date/

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