

12/17/2035 05:45

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#48 P.00

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000030931 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB -5 PM 12:44

APPROVED
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
KM PROFESSIONAL SERVICES OF MIAMI, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 FEB -5 PM 3:38

1/H

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H16000030931

ARTICLE I NAME: The name of the corporation is:KM Professional Services of Miami, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1000 NW 1st Ave
PH01
Miami, FL 33136**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nayma Aguila - P

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB - 5 PM 12:44

APPROVAL
AND
FILED**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Nayma Aguila
1000 NW 1st Ave PH01
Miami, FL 33136**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Nayma Aguila
1000 NW 1st Ave PH01
Miami, FL 33136

H16000030931

12/17/2033 05:46

APPROVED
AND
FILED

#4628 P. 003/003


16 FEB -5 PM 12:44

H 16000030931

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

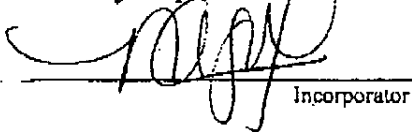


Registered Agent

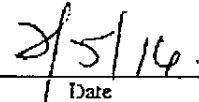


Date

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

H 16000030931