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COVER LETTER

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

16 APR 15 PM 10:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBJECT: KH GLOBAL INVESTMENTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KATHY HERNANDEZ

Name (Printed or typed)

5069 NW 195TH LANE

Address

MIAMI GARDENS, FL 33055

City, State & Zip

305-318-3003

Daytime Telephone number

79K.HERNANDEZ@GMAIL.COM

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

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

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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: KH GLOBAL INVESTMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5069 NW 195TH LANE

MIAMI GARDENS, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE PRODUCTION MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHY HERNANDEZ, Pres

Name and Title: _____

Address 5069 NW 195TH LANE

Address: _____

MIAMI GARDENS, FL 33055

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
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16 APR 15 PM 10:44

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: KATHY HERNANDEZ _____

Address: 5069 NW 195TH LANE _____

MIAMI GARDENS, FL 33055 _____

ARTICLE VII INCORPORATOR

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

Name: KATHY HERNANDEZ _____

Address: 5069 NW 195TH LANE _____

MIAMI GARDENS, FL 33055 _____

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/09/2016 (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

X Kathy Hernandez
Required Signature/Registered Agent

X 4.9.16
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.

X Kathy Hernandez
Required Signature/Incorporator

X 4.9.16
Date