

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KRAKEN 20 CORP.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TLH
4-25-16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:KRAKEN 20 CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13360 SW 52ST.MIAMI, FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

(P)

ANTONIO NUNEZ

(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ANTONIO NUNEZ13360 SW 52ST.MIAMI, FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANTONIO NUNEZ13360 SW 52ST.MIAMI, FL 33175SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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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

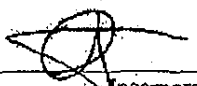


Registered Agent

4/21/16

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.



Incorporator

4/21/16

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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