

P16000119225

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000119225 3)))



H160001192253ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

16 MAY 13 PM 12:01
RECEIVED
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED

16 MAY 13 PM 3:36

STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
KIM'S SUPPORT SERVICES INC**

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

MAY 16 2016

S. GILBERT

H16000119225

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:Kim's Support SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

861 NW Riverside Dr.
PORT ST. LUCIE FL 34983**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**VICTORINE SMITH - President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

VICTORINE Smith
861 NW Riverside Dr.
PORT ST. LUCIE FL 34983**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:VICTORINE SMITH
861 NW Riverside Dr.
Port St. Lucie FL 34983

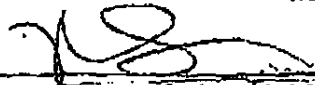
H16000119225

H16000119225

11/20/2033 02:20

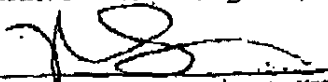
Required Signatures:

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

5/12/16
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

5/12/16
Date

H16000119225