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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
KCL Trading Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

17 MAR 13 AM 9:54

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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: KCL Trading Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
836 BROKEN SOUND PKWY #102
BOCA RATON, FL 33487

Mailing address, if different is:
836 BROKEN SOUND PKWY #102
BOCA RATON, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES SCHNEIDMAN, DIRECTOR
Address: 836 BROKEN SOUND PKWY #102
BOCA RATON, FL 33487

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ALLAHASSEE, FLORIDA

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: JAMES SCHNEIDMAN

Address: 836 BROKEN SOUND PKWY #102

BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES SCHNEIDMAN

Address: 836 BROKEN SOUND PKWY #102

BOCA RATON, FL 33487


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 
 Required Signature/Registered Agent

3-13-17
 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 
 Required Signature/Incorporator

3-13-17
 Date