

(Requestor's Name)			
(Address)			
( resizess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			
;			

Office Use Only



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08/28/17--01002--001 ++125.00



M MOON JUN 27 2017

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

## 3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724 Toll Free; 844-541-6792

DATE: <u>(@</u>	-27-17	WALK IN
ENTITY N	AME: KISINFOTECH. COM	
DOCUMENT	# ED (MNC)	
	**PLEASE FILE THE ATTACHED AND RETURN:	**
	Plain Copy Certified Copy	·
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN	TTTY: **
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE'/NOTARIAL CERTIFICATION: *	· · · · · · · · · · · · · · · · · · ·
COUNTRY	OF DESTINATION	
	F CERTIFICATES REQUESTED	
TOTAL \$ (	OWED: 767 3802	

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

RTICLE I N. ne name of the corpo	AME KisInfoTech.com, I	nc.
RTICLE II P	Principal <u>street</u> address ate Drive, Suite 2	Mailing address, if different is:
Sarasota, FL	. 34231	
RTICLE III PU	TRPOSE  h the corporation is organized is: Any law	ful business.
		· · · · · · · · · · · · · · · · · · ·
	HARES 1,000	<del></del> .
RTICLE V II	MITIAL OFFICERS AND/OR DIRECTOR	
RTICLE V II	MITIAL OFFICERS AND/OR DIRECTOR	Name and Title:
RTICLE V II	witial officers and/or director ide: Aurita Dias, Director	Name and Title:
Name and T Address	Aurita Dias, President	Name and Title:Address:
Name and T Address  Name and Title	Aurita Dias, Director  2228 Gulf Gate Drive, Suite 2  Sarasota, FL 34231  Aurita Dias, President	Name and Title:  Name and Title:
Name and T Address	Aurita Dias, President	Name and Title:  Name and Title:
Name and T Address  Name and Title	Aurita Dias, Director  2228 Gulf Gate Drive, Suite 2  Sarasota, FL 34231  Aurita Dias, President  2228 Gulf Gate Drive, Suite 2	Name and Title:  Name and Title:
Name and T Address Name and Tit Address	Sarasota, FL 34231  Levela Dea, Socretary	Name and Title:  Address:  Name and Title:  Address:
Name and T Address Name and Tit Address	Sarasota, FL 34231  Levela Dea, Socretary	Name and Title:  Address:  Name and Title:  Address:

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	at the state of th
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Aurita Dias	-
Address:	2228 Gulf Gate Drive, Suite 2	
	Sarasota, FL 34231	
ARTICLE VII	INCORPORATOR	
i ne <u>name and ad</u>	dress of the Incorporator is:	
Name:	Ed Tsuji	
Address:	187 E. Warm Springs Rd., Ste. B	
	Las Vegas, NV 89119	
this certificate, I d	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity  6/27/2017
	Required Signature/Registered Agent	Date
document to the	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
! (.	Required Signature/Incorporator	18/27/2017 Date