

PH1000073530

Florida Department of State

Division of Corporations
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(((H17000237158 3)))



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

From: Account Name : CORP USA
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****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
KAM STRATEGIES, INC.**

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

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DIVISION OF CORPORATIONS
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TALLAHASSEE FLORIDA

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#17000237158

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: KAM Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

333 NE 23rd Street

Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karu M. Delgado-Marante, President

Name and Title:

Address

333 NE 23rd Street

Address:

Miami, FL 33137

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

17 SEP - 1 PM 12:59
SECRETARY OF STATE
TALLAHASSEE 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: Kara M. Delgado-Marante
 Address: 333 NE 23rd Street
 Miami, FL 33137

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kara M. Delgado-Marante
 Address: 333 NE 23rd Street
 Miami, FL 33137

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 days prior or 90 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

 Required Signature/Registered Agent

8/31/17
 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.

 Required Signature/Incorporator

8/31/17
 Date

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