

(Requestor's Name)				
(Ad	dress)			
	(droce)			
DA)	dress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Bu	isiness Entity Name)			
(Do	ocument Number)			
Certified Conies	Certificates of Status			
octanica copies	_ Certificates of States			
Special Instructions to	Filing Officer:			

Office Use Only

SEP 2 7 2017

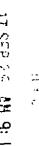
T. SCOTT



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	KAMINI COLLECTION, INC.			
30D3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Jitesh Gidwani			
• • • • • • • • • • • • • • • • • • •	Nam	e (Printed or typed)		
<u> </u>	3522 Torremolinos Avenue			
_	· · · · · ·	Address		
ı	Doral, FL 33178			
-	City	, State & Zip		
	786-916-1492			
_	Daytime 1	Felephone number	·	
(Gidwanijitesh@yahoo.com			
_	E-mail address: (to be use	ed for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE 1 Programme of the contract of the con	NAME KAMINI COLLE orporation shall be:	CTION. INC.			
ARTICLE II 3522 Torremolin	PRINCIPAL OFFICE Principal street address os Avenuc	Mai	ling address, if different is:		
Doral, FL 33178					
	PURPOSE To which the corporation is organized is:			port th	em
					<u>. </u>
					0-
			្រំ កា កា	1 C	25 AM
	·		7. 7. 7. 30	1/1 k	<u> </u>
ARTICLE V I	International Market State of Stock is: 10,000. INITIAL OFFICERS AND/OR DIRECTOR of Title: 3522 Torremolinos Avenue	Name and Title: Ma	aria Alejandra Ramirez, Dir 22 Torremolinos Avenue	ector	
Address	Doral, FL 33178	Address: Do	oral, FL 33178		
Name and	d Title:	Name and Title:			
Address		Address:			
Name and	d Title:	Name and Title:			
Address		Address:			
			<u>.</u>	_	

Name and	d Title:	Name and Title:	
Address			
ABTICLEN	DECUTERED ACTIVE		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Maria Alejandra Ramirez		
Address:	3522 Torremolinos Avenue		
	Doral, FL 33178		
ARTICLE VII	INCORPORATOR		
<u> </u>	Idress of the Incorporator is:		
 	Jitesh Gidwani		
Name: Address:	3522 Torremolinos Avenue		
Address.	Doral, FL 33178	_	
		_	
ARTICLE VIII Effective date, if	ether than the date of filing: September 15, 2017 ate is listed, the date must be specific and cann	. (OPTIONAL	.)
(If an effective d filing.)	ate is listed, the date must be specific and cann	ot be more than five days p	rior or 90 days after the
Note: If the date	inserted in this block does not meet the applicabl	e statutory filing requirement	s, this date will not be listed as
the document's et	ffective date on the Department of State's records		
	ned as registered agent to accept service of proce		
·	am familiar with and accept the appointment as r	egistered agent and agree to	act in this capacity
Hacea	Required Signature/Registered Agent		September 15, 2017
/	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree feld		
	A John 5		September 15, 2017
Requi	red Signature/Incorporator		Date

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