

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.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
M.K.C. Fla Inc

Certificate of Status	0
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17 OCT 31 PM 4:31

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 OCT 31 AM 9:16

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: M.K.C Fla. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

701 Spanish Main Drive Apt 499

701 Spanish Main Drive Apt 499

Cudjoe, FL 33042

Cudjoe, FL 33042

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct business in investment properties. We purchase vacation properties and remodel them for profit.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Moriarty - Director

Name and Title: _____

Address 701 Spanish Main Drive Apt 499

Address: _____

Cudjoe, FL 33042

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Michael Moriarty
Address: 701 Spanish Main Drive Apt 499
Cudjoe, FL 33042

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Moriarty
Address: 701 Spanish Main Drive Apt 499
Cudjoe, FL 33042

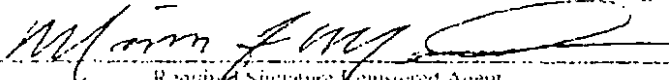
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

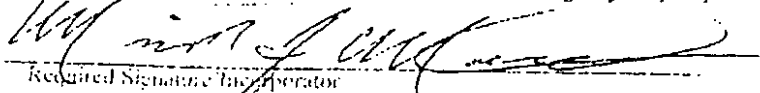
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

<u></u>	<u>10/31/2017</u>
Required Signature Registered Agent	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.

<u></u>	<u>10/30/2017</u>
Required Signature Incorporator	Date