

P18000000650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

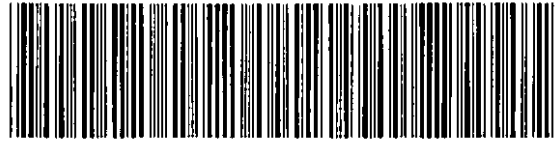
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JAN 04 2013



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01/04/18--01004--004 \*\*78.75

Math,

This is the Filing  
that must be  
clocked in at 11:15am

Thanks, Glinda

RECEIVED  
JAN 04 2013  
AM 10:53  
TOL STATE  
EE. FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 1/4 Glinda

☐

**CERTIFIED COPY**

**XX**

**PHOTOCOPY**

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**CUS**

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**FILING**

ARTICLES

**KISSXO, INC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** KISSNO,INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** FERNANDA DAY

Name (Printed or typed)

1536 NE 18th Avenue

Address

Fort Lauderdale FL 33304

City, State & Zip

9546460607

Daytime Telephone number

fdayrealty@gmail.com

E-mail address: (to be used 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 I NAME

The name of the corporation shall be: KISSNO, INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

1536 NE 18th Avenue

Fort Lauderdale FL 33304

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FERNANDA DAY

Address 1536 NE 18th Avenue

Fort Lauderdale FL 33304

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: CHRISTINE BUTTIGIEG

Address 1536 NE 18th Avenue

Fort Lauderdale FL 33304

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: CAROL STRONG KING

Address 1536 NE 18th Avenue

Fort Lauderdale FL 33304

Name and Title: \_\_\_\_\_

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: FERNANDA DAY

Address: 1536 NE 18th Avenue

Fort Lauderdale FL 33304

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CHRISTINE BUTTIGIEG

Address: 1536 NE 18th Avenue

Fort Lauderdale FL 33304

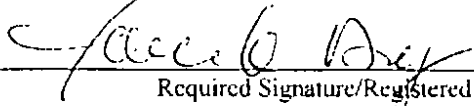
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/04/2018. (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.)

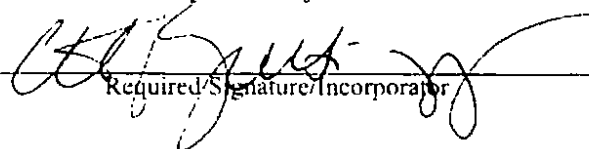
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/04/2018  
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

01/04/2018  
Date