Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000086068 3)))



H180000860683ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**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 KC FAMILY SERVICES GROUP INC

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

X PA

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

H18000086068

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| | | • | | | |
|-------------|----------------------------------------------|-----------------------|--------------|----------------|--------------|
| <u> </u> | Family | Servi | ces o | roup | I |
| | ARTICLE II | PRINCIPAL OF | FICE: | ı | |
| | The principal street | | - | | |
| 77 | <u>051 Sw</u> | | | | |
| | Miami | FL: | 3316 | Σ | |
| | | | | | |
| ARTICLE I | II SHARES: The nu | mber of shares of str | ock is: 10 | 0 | |
| 45414 | The But | | | | _, |
| | | DIRECTORS AN | | CERS: | |
| <u>Jac</u> | Keline | (UEV | <u>95</u> | | - |
| | | | | | - |
| | | | | | - - |
| | | | | | _ |
| | | <u></u> | | | - |
| | | | | | - |
| A DURENT E | TATOUT AT THE PROPERTY | ENCOREZTA A ALBRIMO A | NTS CONTROL | | _ |
| | V INITIAL REGIS nd Florida street address (| | | | _ |
| Ja | ckeline | COEN | _ | , | |
| 46 | 51 SW | 100 | AVE | | |
| V | liami | FL 3 | 33165 | * | |
| | | | | | |
| ARTICLE ' | | R: The name and ac | | lncorporator i | is: |
| J90 | | | 95 | | - |
| <u> 465</u> | <u> 51 8w</u> | 100 | AV | <u> </u> | - |
| M | ilami | FL | . 3 3 | 1625 | |

H18000086068

Required Signatures:

| Having been named as registered agent to accept servi 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 |
| | |
| | |
| 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.

