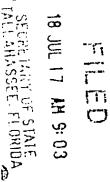
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

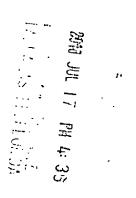
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JUL 18 2018 T SCHROEDER

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	·			
KWREAL INC				
<u></u>				
		}		
				Art of Inc. File
			_ 	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u>—</u> —	Certificate of Fictitious Name
			<u> </u>	Corp Record Search
				Officer Search
		i		Fictitious Search
Signature	<u> </u>			Fictitious Owner Search
B				Vehicle Search
				Driving Record
Requested by: Seth	07/17/10			UCC 1 or 3 File
	$\frac{07/17/18}{2}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

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

SUBJECT: KWRI	EAL INC		
50 5 05011	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	chard M. Klitenick, Esq.	: (Printed or typed)	
104	09 Simonton Street		
	,	Address	
Ke	y West, FL 33040		
	City,	State & Zip	
305	5-292-4101		
	Daytime T	elephone number	
rich	ard@rmkpa.com		
	E-mail address: (to be used	for future annual report n	otification)

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)

	INCIPAL OFFICE Principal <u>street</u> address		Mailing address, if o	lifferent is:	
075 Duval Street uite C11			<u> </u>		
ey West, FL 33044)				
RTICLE III PUI ne purpose for which	RPOSE ch the corporation is organized is:	Il lawful business p	ourposes.		
<u> </u>		<u> </u>		SEC	18
				KL IAR	J.
				- 138 - 138 - 138	7 AH
				(j.	
					0
e number of shares	of stock is:			ORIDA 69	: (3)
e number of shares **TICLE V INT Name and T	of stock is: CIAL OFFICERS AND/OR DIRECTORS Provident & Transport	Name and Title	Dean A. Carlson, \	d 9 ^{>>}	03
	of stock is: [IAL OFFICERS AND/OR DIRECTORS] itle: Paul N. Hayes, President & Treasurer	Name and Title	:	d 9 ^{>>}	03
ne number of shares RTICLE V INI Name and T	of stock is: (IAL OFFICERS AND/OR DIRECTORS itle: Paul N. Hayes, President & Treasurer 1075 Duval Street	_	1075 Duval Street	([5] >> /P & Secretary	03
ne number of shares RTICLE V INI Name and T	of stock is: Class	_	1075 Duval Street Suite C11 Key West, FL 3304	([5] >> /P & Secretary	03
RTICLE V INIT Name and T Address	of stock is: Class	Address: Name and Title	1075 Duval Street Suite C11 Key West, FL 3304	([5] >> /P & Secretary	03
RTICLE V INIT Name and T Address Name and Ti	of stock is: Clal OFFICERS AND/OR DIRECTORS Paul N. Hayes, President & Treasurer 1075 Duval Street Suite C11 Key West, FL 33040	Address: Name and Title	1075 Duval Street Suite C11 Key West, FL 3304	([5] >> /P & Secretary	03
Name and Ti Address Address	of stock is: Clal OFFICERS AND/OR DIRECTORS Paul N. Hayes, President & Treasurer 1075 Duval Street Suite C11 Key West, FL 33040	Address: Name and Title Address:	1075 Duval Street Suite C11 Key West, FL 3304	/P & Secretary	,

Name	and little:	Name and Title:
Addre	ess	Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	hle) of the registered spent is:
Name:	Richard M. Klitenick, Esq.	, //
Address:	1009 Simonton Street	
	Key West, FL 33040	18 FALL
ARTICLE VII	<u>INCORPORATOR</u>	JUL 17
The <u>name and</u>	address of the Incorporator is:	
Name:	Paul N. Hayes	
Address:	1075 Duval Street, Suite C11	orical
	Key West, FL 33040	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and contact the date of the date must be specific and contact the date of the dat	. (OPTIONAL) annot be more than five days prior or 90 days after the
Note: If the dat the document's	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.
Having been na his certificate; I	umed as registered agent to accept service of pro am fairfiliar with and accept the appointment a Required Signature/Registered Agent	ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity 1172918
submit this do	cument and affirm that the facts stated herein	are true. I am aware that the false information submitted in
locument to the	Department of State constitutes a third degree j	elony as provided for in s 817.155, F.S.
Yaul 1	Hayes	7/11/18
Requ	ired Signature/Incorporator	Date