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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000919 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION KIDS PERSONAL SERVICES INC

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

## ARTICLES OF INCORPORATION '

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Kins Personal Services INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1470 NW 183 ST Miami Gardens	
F1 33169.	
ARTICLE III SHARES: The number of shares of stock is:	<b>_</b> '
MARIA del Carmen Martinez. (P)	-
	-
	_
	_
	_
	_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	<u>}:</u>
of the registered agen	t is:
MARIA DEL CARMEN MARTINEZ	_
11170 NIN 182 ST	
MOMI GAPPENS FL 33169	_
MIAMI GARDENS FL 33169	_
ARTICLE VI INCORPORATOR: The name and address of the Incorporato	r is:
ARTICLE VI INCORPORATOR: The name and address of MARTINE.	$\overline{}$
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MIHKIH DEL CHIRATON	<u>_</u>
1470 NW 183 ST 1470 NW 183 ST	<u>-</u>

## Required Signatures:

Having been named as registered agent to accept ser corporation at the place designated in this certificat appointment as registered agent and agree	e, I am familiar with and accept the
	Date
Registered Agent	O2L
I submit this document and affirm that the facts state the false information submitted in a document to the third degree felony as provided for in \$.817.155, F.S.	ed herein are true. I am aware that Department of State constitutes a
Incorporator	Date