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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
UNITED KR INC.**

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAMEThe name of the corporation shall be: Limited KR Inc.**ARTICLE II. PRINCIPAL OFFICE**Principal street address
2985 W 80 ST APT 207

Mailing address, if different is:

Hialeah, FL 33018**ARTICLE III. PURPOSE**The purpose for which the corporation is organized is: For Profit**ARTICLE IV. SHARES**The number of shares of stock is: 100**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Pedro Juan Rivas President

Name and Title: _____

Address: 2985 W 80 ST APT 207

Address: _____

Hialeah, FL 33018

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pedro Juan Rivas

Address: 2985 W 80 ST APT 207

Hialeah, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Pedro Juan Rivas

Address: 2985 W 80 ST APT 207

Hialeah, FL 33018

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 09/04/2018 (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

[Signature]

Required Signature/Registered Agent:

09/04/2018

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.

[Signature]

Required Signature/Incorporator:

09/04/2018

Date

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