

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 12016GCG0017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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
KARDEL HOLDINGS, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FL

2018 SEP 13 PM 4:32

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COVER LETTER

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

SUBJECT: Kardel Holdings, 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 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Martha Ramos
Name (Printed or typed)

7950 NW 77 St. #4
Address

Miami, FL 33195-2133
City, State & Zip

713-854-0148
Daytime Telephone number

mramos@pakya.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: Kardel Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

7950 NW 77 ST. #4

PO BOX 660514

Miami, FL 33195-2133

Miami Springs, FL 33266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all legal purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha Ramos, President

Name and Title: Martha Ramos, Secretary

Address: 7950 NW 77 St. #4

Address: 7950 NW 77 St. #4

Miami, FL 33195-2133

Miami, FL 33195-2133

Name and Title: Martha Ramos, Sole Director

Name and Title: _____

Address: 7950 NW 77 St. #4

Address: _____

Miami, FL 33195-2133

Name and Title: _____

Name and Title: _____

Address: _____

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: Martin Ramos

Address: 7950 NW 77 St. #4

Miami, FL 33195-2133

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Mariha Ramos

Address: 7950 NW 77 St. #4

Miami, FL 33195-2133

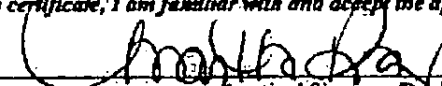
ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (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.

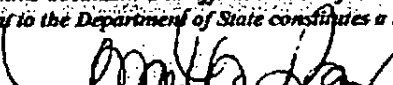
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

September 10, 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

September 10, 2018

Date