

P19000093981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

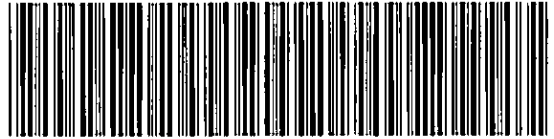
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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12/19/19--01002--018 **70.00

2019 DEC 19 AM 11:17
TALLAHASSEE, FLORIDA

2019 DEC 19 PM 12:16
TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/19/2019

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** INC. _____

1. **KAIKAINA, INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: **Kaikaina, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

90 NW 39th St. Apt. 5D

Miami, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Entertainment**

ARTICLE IV SHARES

The number of shares of stock is: **1,500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Juan Diego Medina, Director**

Name and Title:

Address

90 NW 39th St. Apt. 5D

Address:

Miami, FL 33127

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2019 DEC 19 PM 12:15
STATE OF FLORIDA
TALLAHASSEE OFFICE

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: Angelica Barajas
Address: 90 NW 39th St. Apt. 5D
Miami, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda J. Beren
Address: 31416 Agoura Rd., Suite 118
Westlake Village, CA 91361

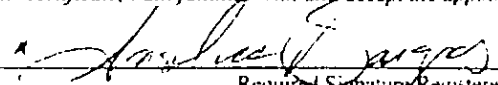
ARTICLE VIII EFFECTIVE DATE:

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.)

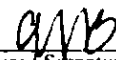
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/18/2019
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

12/18/2019
Date