

P20 000 000 397

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
K & K CARE GROUP INC.**

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DIVISION OF CORPORATIONS
COMMERCIAL
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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: K & K CARE GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address4208 SW 138TH PLACE
MIAMI FL 33175

Mailing address, if different is:

4208 SW 138TH PLACE
MIAMI FL 33175**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO PERFORM ALL LAWFUL BUSINESS UNDER STATE LAWS.**ARTICLE IV SHARES**The number of shares of stock is: 100%**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HENRY FERNANDEZ (PRESIDENT)Address: 4208 SW 138TH PLACE
MIAMI FL 33175Name and Title: GISELA M LLAMAS (VICE-PRESIDENT)Address: 4208 SW 138TH PLACE
MIAMI FL 33175

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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:

DOCUMENT PLANET INC

Address:

4167 NW 135 STREET

OPA LOCKA FL 33054

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

HENRY FERNANDEZ

Address:

4208 SW 138TH PLACE

MIAMI FL 33175

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 01-07-2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after 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

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

Date

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