

P20000023721

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
KKA MANAGEMENT, INC.**

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

Authenticity ID: 1DE508C3-DAB3-44C3-A4E3-88D6168AF1B4

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:KKA Management, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3950 Loni St. Lake Park , FL 33403**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**WESLINE ALEXANDRE(CP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

WESLINE ALEXANDRE 3950 LONI ST. LAKE PARK, FL 33403**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:WESLINE ALEXANDRE 3950 LONI ST. LAKE PARK, FL 3340320 MAR 19 PM 3:47
SECRETARY
TALLAHASSEE, FL

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Authentication ID: 1DE58FC3-DAB9-46C3-A4E3-6806189A1184

Required Signatures:

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




3/19/2020 1:12:30 PM EDT

Registered Agent

03/19/2020

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.



3/19/2020 1:12:42 PM EDT

Incorporator

03/19/2020

Date