

6/1/2020

Division of Corporations

P20000039239

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To:

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

JUN 02 2020

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KM.INTERIORCORP@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION
KM INTERIOR CORP

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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: KM INTERIOR CORPARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

244 BISCAYNE BLVD APT 1104MIAMI FL 33132ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 120ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: KATHERINE MEDRANO- PRESIDENT Name and Title:Address 244 BISCAYNE BLVD APT 1104 Address:MIAMI FL 33132

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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TALLAHASSEE, FL
SECRETARY OF STATE

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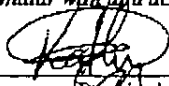
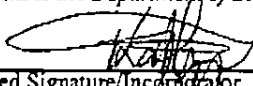
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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: KATHERINE MEDRANOAddress: 244 BISCAYNE BLVD APT 1104MIAMI FL 33132**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: KATHERINE MEDRANOAddress: 244 BISCAYNE BLVD APT 1104MIAMI FL 33132**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/01/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after 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 Agent06/01/2020_____
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.*_____
Required Signature/Incorporator06/01/2020_____
Date

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SECRETARY OF STATE
TALLAHASSEE, FL