

P20000060918

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000272866 3)))



H200002728663ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
KAPRI DESIGN STUDIO INC

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

RECEIVED  
2020 AUG 11 AM 10:10  
CORPORATIONS  
COMMERCIAL  
SERVICES

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Kapri Design Studio Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3022 Coral Way

#603

MIAMI, FL 33145

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Rebecca Shujman (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

3022 Coral Way #603

MIAMI, FL 33145

Rebecca SHUJMAN

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Rebecca Shujman

3022 Coral Way #603

MIAMI, FL 33145

**Required Signatures:**

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

*B. Shuman*

*8-7-20*

Registered Agent

Date

**I submit this document and affirm that the facts stated herein are true. I am aw  
the false information submitted in a document to the Department of State cons  
third degree felony as provided for in s.817.155, F.S.**

*B. Shuman*

*8-7-20*

Incorporator

Date

20 AUG 2013 12:56:41