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.

(((H20000333738 3)))



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

Erom:

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 KE POSE CONTAINERS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	KΕ	POSE	CONTAINER	RS INC
--	----	------	-----------	--------

		_
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
3465 NW 19th Street, Lauderdale Lakes FL 33311		
	<del></del>	
		~
ARTICLE III SHARES: The number of shares of stock is: 100	SE	i i170
	A.S.	<u>.</u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER:	8: ASS	
Polema P Myrthil - President	. m	
	FLC	
	82	
	<del></del>	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD	DRESS:	
The name and Florida street address (PO Box not acceptable) of the register	ed agent is	:
Polema P Myrthil	; <u>.</u>	
3465 NW 19th Street, Lauderdale Lakes FL 33311		
	<del></del>	
	· ·	
ARTICLE VI INCORPORATOR: The name and address of the Incor	porator is:	
ARTICLE VI INCORPORATOR: The name and address of the Incor  Polema P Myrthil		

## Required Signatures:

3052201440

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

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.