

12/1/2020

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

From:
Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

KAAP Enterprises Co
~~KAAP Enterprises Co~~

Certificate of Status	0
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December 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALEX PINA CO.

SUBJECT: KAP ENTERPIRSES CO
REF: W20000136745

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L19000024531.

If you have any further questions concerning your document, please call (850) 245-6052.

Derrick Thompson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000411494
Letter Number: 320A00024123

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: KAAP Enterprises Co

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>11757 Allegory Ally</u>	<u></u>
<u></u>	<u></u>
<u>Orlando, FL 32832</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Karina A Alencio Parra - President</u>	Name and Title: <u>Elizabeth J Parra Moncada - Vice President</u>
Address: <u>11757 Allegory Ally</u>	Address: <u>11757 Allegory Ally</u>
<u></u>	<u></u>
<u>Orlando, FL 32832</u>	<u>Orlando, FL 32832</u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Karina A Atencio Parra
Address: 11757 Allegory Ally
Orlando, FL 32832

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 Agent
12/01/2020
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/Incorporator
12/01/2020
Date