

P21000002600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

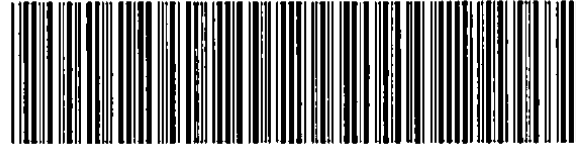
(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

pecial Instructions to Filing Officer:

Office Use Only



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01/12/21--01008--009 \*\*70.00

2021 JAN 12 PM 1:34  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN 14 AM 11:03

FILED

# CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

AD CORPORATION

Signature

Requested by: Seth

01/14/21

Date

Time

-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

Order's Printing - Tallahassee, FL 32301

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 JAN 14 PM 1:19

January 13, 2021

CAPITAL CONNECTION

SUBJECT: KHAD CORPORATION  
Ref. Number: W21000003422

We have received your document for KHAD CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete the Principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 921A00000778

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Khad Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Maria E. Ruiz  
Name (Printed or typed)

7750 S.W. 117 Ave Suite 203  
Address

Miami, Florida 33183  
City, State & Zip

305-595-2401  
Daytime Telephone number

mariaquiros9@hotmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

2021 JAN 14 AM 11:03

ARTICLE I NAME

The name of the corporation shall be: Khad Corporation

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

756 S.W. 99th Circle  
Miami, Florida 33174

7750 S.W. 117 Ave #203  
Miami, Florida 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jahsmira M. Sanderiel <sup>De</sup> Pres.

Address: 756 S.W. 99th Circle  
Miami Florida 33174

Name and Title: Consuelo Barbascio Sec.

Address: 756 S.W. 99th Circle  
Miami, Florida 33174

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Johsmira M. Sandoval De Omasi  
Address: 756 S.W. 99th Circle  
Miami, Florida 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Johsmira M. Sandoval De Omasi  
Address: 756 S.W. 99th Circle  
Miami, FL 33174

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/13/2021 (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

Johsmira Sandoval De Omasi  
Required Signature/Registered Agent

1/12/2021  
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.

Johsmira Sandoval De Omasi  
Required Signature/Incorporator

Date 1/12/2021

SECRET  
FALL 1994 S.E.T.L.

2021 JAN 14 AM 11:03

SECRET