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TALLAHASSEE, FLORIDA

2021 APR 29 AM 10:16

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COVER LETTER

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

SUBJECT: ONLY K BUSSINES 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: MR. KIEFFER I HERNADEZ
Name (Printed or typed)

P.O. BOX 403684 MB
Address

M.B.FE 33140
City, State & Zip

786-709 7213 - 305 926 2662
Daytime Telephone number

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

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

TALLAHASSEE, FL 32314

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PLEASE: to file
THE TWO ENTRIES
IF POSSIBLE

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: ONLY K BUSSINES Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

145 NE 78ST Suite 912
MIAMI FL 33138

P.O. BOX 403684
MB FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSSINES MUSIC
FASHION BUSSINESS

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO-PRESIDENT-KIEFFER I HERNANDEZ Name and Title:

Address 145 N.E 78ST Suite 912 Address:
MIAMI FL 33138

Name and Title: VICE P. GRACIELA PAGNI Name and Title:

Address P.O. Box 403684 Address:
MIAMI BEACH FL 33140

Name and Title: Name and Title:

Address Address:

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ALACHUA COUNTY FLORIDA

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: PRESIDENT KIEFFER I. HERNANDEZ

Address: 145 N.E 78 ST Suite # 912
MIAMI FL 33138

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: KIEFFER I. HERNANDEZ

Address: P.O. BOX 403684
M. B. FL 33140

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04-26-21 (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

04-26-21
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

04-26-21
Date