

**H21000070191**

Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BUSINESS GROUP KM, CORP**

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

*8/4/21*

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**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: BUSINESS GROUP KM, CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address

111 NE 1ST. STREET

8TH FLOOR #8951

MIAMI, FL 33132

Mailing address, if different is:

111 NE 1ST. STREET

8TH FLOOR #8951

MIAMI, FL 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: KELVIN J. ALARCON SUAREZ

Address: 111 NE 1ST. STREET

8TH FLOOR #8951

MIAMI, FL 33132

Name and Title: VP: MAILYN Y. SOTO SOTO

Address: 111 NE 1ST. STREET

8TH FLOOR #8951

MIAMI, FL 33132

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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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: KELVIN J. ALARCON SUAREZ

Address: 111 NE 1ST. STREET #8951

MIAMI, FL 33132

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

Name: KELVIN J. ALARCON SUAREZ

Address: 111 NE 1ST. STREET #8951

MIAMI, FL 33132

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 07/29/2021 (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*

X

\_\_\_\_\_  
Required Signature/Registered Agent07/29/2021\_\_\_\_\_  
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.*

X

\_\_\_\_\_  
Required Signature/Incorporator07/29/2021\_\_\_\_\_  
Date

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TALLAHASSEE, FL