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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Kairos Growth Services Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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OCT 25 2021

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Kairos Growth Services Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
5030 Champion Blvd, Suite G-11
Boca Raton FL 33496Mailing address, if different is:
5030 Champion Blvd, Suite G-11
Boca Raton FL 33496**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Consulting**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Prakash Patel, President

Name and Title: _____

Address: 5030 Champion Blvd
Suite G-11
Boca Raton FL 33496

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Prakash Patel
Address: 5030 Champion Blvd, Suite G-11
Boca Raton FL 33496

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



Miriam Nachison
Assistant Secretary

Required Signature/Registered Agent

10/19/2021

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.



Required Signature/Incorporator

10/19/2021

Date

2021 OCT 25 PM 2:51
STATE OF FLORIDA