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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Emaıl	Address:_	 	 	

FLORIDA PROFIT/NON PROFIT CORPORATION ROOFS UNLIMITED USA INC.

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

KOOFS UNLIMITED USA INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
340 EAST 61 STREET	
HEALEAH FL 33013	
	<u>. </u>
ARTICLE III SHARES: The number of shares of stock is: 17)	2
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER	RS:
YUNIOR BELLA (P)	
	<u></u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET AL	DDRESS:
The name and Florida street address (PO Box not acceptable) of the registe	red agent is:
yunior bella	
340 East 61 Street	ALC ALC ALC ALC ALC ALC ALC ALC ALC ALC
Hialeah Fl 33013	
	- 25 32 E
ARTICLE VI INCORPORATOR: The name and address of the Inco	
Yuniar Bella	
340 East 61 Street	
Hialeah Fl 33013	

Required Signatures:

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

Registered Agent

106/22

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.

incorporator

Date