

P22 000013520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

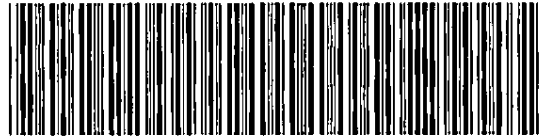
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400381065694

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 FEB 22 AM 8:30

RECEIVED
2022 FEB 22 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/23/22

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/22/2022

****WALK IN****

ENTITY NAME KYCS GLOBAL INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: KYCS GLOBAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12 Proctor Road, 2nd Floor

Schomberg, Ontario L0G 1T0 Canada

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dave Da Silva - D, P, VP, S. T

Name and Title:

Address 12 Proctor Road, 2nd Floor

Address:

Schomberg, Ontario L0G 1T0 Canada

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: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Dr., Suite A
Tallahassee, FL 32301

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DEPARTMENT OF REVENUE

ARTICLE VII INCORPORATOR

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

Name: Edward Tsuji
Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

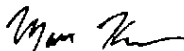
ARTICLE VIII EFFECTIVE DATE:

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:

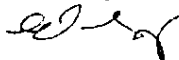
 Matthew Knee, Assistant Secretary of Registered Agent Solutions, Inc.

02/22/2022

Required Signature/Registered Agent

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.



02/22/2022

Required Signature/Incorporator

Date