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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 : LAMADRID FINANCIAL SERVICES CORP
 Account Number : I20200000059
 Phone : (954)727-9771
 Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
 KS3 GLOBAL INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: KS3 GLOBAL INC**(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM: KARINNA LUQUERNA RODRIGUEZ**

Name (Printed or typed)

1265 S PINE ISLAND RD

Address

PLANTATION, FL 33324

City, State & Zip

67 (313) 453-1166

Daytime Telephone number

KARINAL@KS3INTERNATIONAL.COM

E-mail address: (to be used for future annual report notification)

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

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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: KS3 GLOBAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1265 S PINE ISLAND RD
PLANTATION, FL 33324

Mailing address, if different is:

1265 S PINE ISLAND RD
PLANTATION, FL 33324**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KARINNA LUQUERNA RODRIGUEZ Name and Title: PRESIDENTAddress: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

Address: _____

Name and Title: RICARDO SANDOVAL PARADAName and Title: VICE PRESIDENTAddress: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: LAMADRID FINANCIAL SERVICES CORP
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: KARINNA LUQUERNA RODRIGUEZ
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/24/2022 (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.

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 STATE
 TALLAHASSEE, FLORIDA

*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*ALEXIS LAMADRID

Required Signature/Registered Agent

02/24/2022

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.*KARINNA LUQUERNA RODRIGUEZ

Required Signature/Incorporator

02/24/2022

Date

< HZZ000072593 >