

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION

KIKU INV CORP

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 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: KIKU INV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

999 PONCE DE LEON BLVD STE 935CORAL GABLES, FL 33134**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE ENCISO (P)

Name and Title: _____

Address 999 PONCE DE LEON BLVD

Address: _____

STE 935CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____



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ED

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: MYRIAM C. GONZALEZ, PA
Address: 999 PONCE DE LEON BLVD STE 935
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JORGE ENCISO
Address: 999 PONCE DE LEON BLVD STE 935
CORAL GABLES, FL 33134

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

/s/ Myriam C. Gonzalez _____
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.

/s/ Jorge Enciso _____
Required Signature/Incorporator Date

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DEPARTMENT OF STATE
CORPORATION DIVISION