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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 : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

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

Email Address: KMLMULTISERVICESCORP@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
GHERKIN ENTERPRISES CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: GHERKIN ENTERPRISES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

9919 W Okeechobee RD. Apto. 537-A
Hialeah Garden, 33016

Mailing address, if different is:

8249 NW 36TH ST
SUITE 212
DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL JOSE DARROSO SENIOR- PRESIDENT Name and Title: _____

Address 9919 W Okeechobee RD. Apto. 537-A Address: _____
Hialeah Garden, 33016

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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((1122000167964 3)))

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: KATHERINE CAICEDO
 Address: 8249 NW 36TH ST SUITE 212
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FIDEL JOSE BARROSO SENIOR
 Address: 9919 W Okeechobee RD. Apto. 537-A
Hiataah Garden, 33016

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

KATHERINE CAICEDO _____ Date 05/02/2022
 Required Signature/Registered Agent

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.

FIDEL J. BARROSO S _____ Date 05/02/2022
 Required Signature/Incorporator

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 DEPARTMENT OF CORPORATIONS
 TALLAHASSEE, FLORIDA