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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : KML MULTISERVICES CORP

Account Number : 120200000044 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 RABBIT IMPORT CORP

Certificate of Status	0
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2022 MAY 16 PM 2: 10

COVER LETTER

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

SUBJECT: RAB	BIT IMPORT CORP			_
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	DDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	l
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		. 202
FROM:	NERIO ENRIQUE SE	BRIANT NASSER (Printed or typed)	WELANGS SEE	2022 MAY 16
	7951 NE E	BAYSHORE CT		, ·-
	P	Address	<u>, </u>	12 0
		I, FL 33138		
	City,	State & Zip		
		5) 660-5031		
	Daytime T	elephone number		
	kmlmultiser E-mail address: (to be used	vicescom@gmail.com	notification)	
	E-mail address; (to be used	i tot tutute aimuat teport	ion monton)	

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

o<u>: +18506176381</u>

(((H22000174360 3)))

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

<u>ICLE II PRINCI</u>	<u>PAL OFFICE</u>				
P	rincipal street address		Mailing address, if		
7951 NE BAYSHORE CT MIAML FL 33138		8249 NW 36TH ST SUITE 212			
	11AML FL 33138		DORAL, FL		
ICLE III PURPOS					
surpose for which the	e corporation is organized is:A	LLAWFUL BUS	INESS		

	· _ · _ · _ · _ · _ · _ · _ · _ · _ · _				
			<u> </u>		
			·		
					11.
ICLE IV SHARE				~-	1 27.17
number of shares of si	tock is: 100			F-	Ξ
					ī
		————			.i.
ICLE V INITIAL	OFFICERS AND/OR DIRECTORS			LAC1A	- (
	OFFICERS AND/OR DIRECTORS NERIO ENTUQUE SEBRIANT NASSER - Pres	ident Name and Ti	tle:	MLLMIADO	
Name and Title:	NERIO ENTUQUE SEBRIANT NASSER - Pres	. _	tle:	LK (ADD LE)	(
	NERIO ENTUQUE SEBRIANT NASSER - Pres	ident Name and Ti	tle:	<u> </u>	
Name and Title:	NERIO ENTUQUE SEBRIANT NASSER - Pres	. _	tle:		(
Name and Title:	NERIO ENRIQUE SEBRIANT NASSER - Pres 795 I NE BAYSHORE CT	. _	tle:	<u> </u>	(
Name and Title:	NERIO ENRIQUE SEBRIANT NASSER - Pres 795 I NE BAYSHORE CT	. _	tlc:	<u> </u>	
Name and Title; Address	NERIO ENRIQUE SEBRIANT NASSER - Pres 795 I NE BAYSHORE CT	Address:		F .	
Name and Title: Address Name and Title:	NERIO ENRIQUE SEBRIANT NASSER - Pres 7951 NE BAYSHORE CT MIAMI, FLORIDA 33138	Address: Name and Ti		F .	
Name and Title; Address	NERIO ENRIQUE SEBRIANT NASSER - Pres 7951 NE BAYSHORE CT MIAMI, FLORIDA 33138	Address: Name and Ti		F .	
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Name and Title: Address Name and Title: Address	NERIO ENRIQUE SEBRIANT NASSER - Pres 7951 NE BAYSHORE CT MIAMI, FLORIDA 33138	Address: Name and Ti Address: Name and Ti	itle:		

(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.

. (OPTIONAL)

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	05/09/2022
Required Signature/Registered Agent	Date

I submit this document and offirm that the facts stated herein are true, I om 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.

05/09/2022 Date