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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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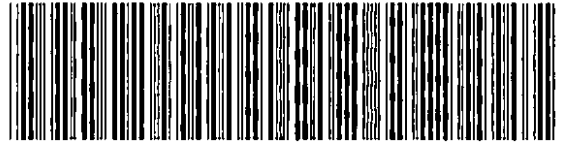
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OFFICE OF STATE  
CLERK OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN -9 PM 1:25

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**COVER LETTER**

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

**SUBJECT: KODABRAN SOLUTIONS 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM: CESAR AUGUSTO ORELLANA GONZALEZ**  
Name (Printed or typed)

**2507 CHAPALA DR**  
Address

**KISSIMMEE, FL 34746**  
City, State & Zip

**321-732-2673**  
Daytime Telephone number

**CORELLANAG19@GMAIL.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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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**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: KODABRAN SOLUTIONS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2507 CHAPALA DR  
KISSIMMEE, FL 34746

2507 CHAPALA DR  
KISSIMMEE, FL 34746

**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: CESAR AUGUSTO ORELLANA GONZALEZ, P Name and Title: \_\_\_\_\_

Address 2507 CHAPALA DR Address: \_\_\_\_\_  
KISSIMMEE, FL 34746

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL 32310

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: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

**ARTICLE VII INCORPORATOR**

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

Name: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 9, 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.

*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*

\_\_\_\_\_  
*Required Signature/Registered Agent* 6/9/2022  
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.*

\_\_\_\_\_  
*Required Signature/Incorporator* 6/9/2022  
Date

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TALLAHASSEE, FL 32310