**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000206925 3)))



H220002069253ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email	Address:	

## 2022 JUN 14 AM 8: I

## FLORIDA PROFIT/NON PROFIT CORPORATION

## KaesensChex Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

72.20W.14 PH 5:09

Electronic Filing Menu

Corporate Filing Menu



[

From: Stephan Monereau

To:

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporati	on shall be: KaesensChex Corp				
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailingaddr	ess,ifdifferentis:		
438 Alison	St	438 Alison S	St		
Titusville, I		Titusville, FL 32780.			
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:	video content creator			
ARTICLE IV SHARE. The number of shares of s	<u>ES</u>		2022 JUN 14 ALL ARASS		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	<u> </u>			
Name and Title	Kaesen Lonnie Foltyn, DIRECTOR	Name and Title:  Address:	<u> </u>		
Address	438 Alison St.	Address:	·		
	Titusville, FL 32780				
Name and Title:		Name and Title:			
Address		Address:			
Name and Title:		Name and Title:			
Address		Address:			

Name an	d Title:	Name and Title:		
Address		Address:		
		<del></del>		<del>-</del>
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Kaesen Lonnie Foltyn	<u> </u>		
Address:	438 Alison St.			
	Titusville, FL 32780	_		
<u>ARTICLE VII</u>	INCORPORATOR			
The <u>name and ad</u>	ldress of the Incorporator is:		<u> </u>	2022
Name:	Stephan Monereau	_	<u> </u>	ال
Address:	100 Wall Street Ste 503	_	1386 7386	2022 JUN 14
	New York, NY 10005	_		<b>*</b> []
	EFFECTIVE DATE:		STATE STATE	
	other than the date of filing: late is listed, the date must be specific and cann	. (OPTIONAL) not be more than five days pric	or or 90 day	ys after the

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

- Kos	6/14/2022		
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.

6/14/2022 Required Signature/Incorporator Date