

P23000003061  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

((H23000019456 3)))



H230000194563ABC/

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
K@K SERVICES GROUP INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2023 JAN 17 7:13:16

2023 JAN 17 AM 10:57

END

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

K@K SERVICES GROUP INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15413 SW 288 STREET APT 109  
HOMESTEAD FL 33033

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

YUSLEIDY SUAREZ CARVAJAL (P)  
15413 SW 288 STREET APT 109  
HOMESTEAD FL 33033

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

YUSLEIDY SUAREZ CARVAJAL  
15413 SW 288 STREET APT 109  
HOMESTEAD FL 33033

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

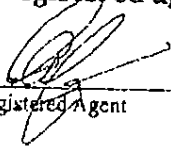
YUSLEIDY SUAREZ CARVAJAL  
15413 SW 288 STREET APT 109

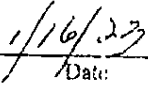
2023 JAN 17 AM 10:57

ED


**Required Signatures:**

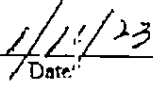
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
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 § 817.155, F.S.

  
\_\_\_\_\_  
Incorporator

  
\_\_\_\_\_  
Date:

D

2023 JAN 17 AM 10:57

STATE