

P23000066038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

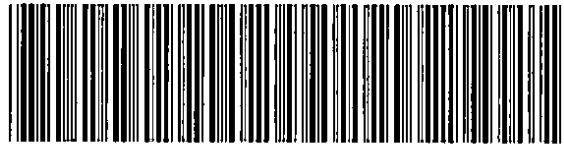
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
TALLAHASSEE, FLORIDA

2023 SEP 26

2023 6 11:00

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 09/06/2023

**PRIORITY** Routine

**OUR REF # (Order ID#)** Renee

**ORDER ENTITY**

**K & E. I INC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**K & E. I INC**

Please file the attached articles of incorporation.

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2023

INCSERV

SUBJECT: K & E. I INC  
Ref. Number: W23000121249

Please honor the  
original submission date  
as the file date. Thanks! :)

We have received your document for K & E. I INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000272499.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 123A00020601

Please honor the  
original submission date  
as the file date. Thanks! :)

ALLAHASSEE, FLORIDA

2023 SEP -5 AM 11:07 2023 SEP 12 PM 2:53

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## COVER LETTER

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

**SUBJECT: IFRAH K&E 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: EREZ IFRAH

Name (Printed or typed)

200 TOWERS RANCH DR

Address

SAINT AUGUSTINE, FL 32092

City, State & Zip

904-629-3611

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

**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: IFRAH K&E INC. \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

\_\_\_\_\_  
200 TOWERS RANCH DR

\_\_\_\_\_  
SAINT AUGUSTINE, FL 32092

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_ CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EREZ IFRAH - DIRECTOR

Name and Title: KEREN IFRAH - DIRECTOR

Address 200 TOWERS RANCH DR

Address: 200 TOWERS RANCH DR

SAINT AUGUSTINE, FL 32092

SAINT AUGUSTINE, FL 32092

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2023 SEP 11

-C

AM 11:00

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: EREZ IFRAH  
Address: 200 TOWERS RANCH DR  
SAINT AUGUSTINE, FL 32092

**ARTICLE VII INCORPORATOR**

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

Name: Tiffiney Lomax  
Address: 7801 Folsom Blvd #202  
Sacramento, CA 95826

**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*

/s/Erez Ifrah

8/30/23

\_\_\_\_\_  
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.*

/s/Tiffiney Lomax

8/30/23

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

2023 SEP -9 AM 11:07