

TRANSMITTAL LETTER

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

SUBJECT:

KAINA GROUP, INC.

(Proposed corporate name - must include suffix)

600002379886--5
-12/23/97--01007--020
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

PATRICIA ROMAN

Name (Printed or typed)

10321 S.W. 132 AV.

Address

MIAMI, FL. 33186

City, State & Zip

(305) 388-8655

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN 20 PM 12:34

FILED

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KAINA GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10321 S.W. 132 AV. MIAMI, FL. 33186

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 (ONE thousand) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PATRICIA ROMAN
10321 S.W. 132 AV. MIAMI, FL. 33186

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PATRICIA ROMAN
10321 S.W. 132 AV. MIAMI, FL. 33186

Patricia Roman
Signature/Incorporator

JANUARY 13, 1998
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

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98 JAN 20 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: KAINA GROUP, INC.

2. The name and address of the registered agent and office is:

PATRICIA ROMAN

(NAME)

10321 SW. 132nd AVENUE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA 33186

(CITY/STATE/ZIP)

FILED
98 JAN 20 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(SIGNATURE)

JANUARY 13, 1998
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314