

TRANSMITTAL LETTER

P99000016108

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

500002779325--1

-02/18/99--01056--010

SUBJECT: KIHOKIA INC. ****122.50 *****78.75
(Proposed corporate name - must include suffix)

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

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

FROM:

ANN N. KIHOKIA

Name (printed or typed)

214 GRANT DRIVE

Address

CORAL GABLES, FL. 3313

City, State & Zip

(305) 441-0701

Daytime Telephone number

CLERK OF STATE
TALLAHASSEE, FL 32304

99 FEB 18 PM 4:30

FILED

9 30 00 FEB 18 1999

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.

FILED
99 FEB 18 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

KITHOHIA INC.

ARTICLE II PRINCIPAL OFFICE

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

214 GRANT DRIVE
CORAL GABLES, FL. 33133

ARTICLE III SHARES

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

ONE THOUSAND (1000) SHARES OF COMMON STOCK
HAVING PER. VALUE OF ONE DOLLAR (\$1.00) EACH.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANN N. KITHOHIA
214 GRANT DRIVE
CORAL GABLES, FL. 33133

ARTICLE V INCORPORATOR

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

ANN N. KITHOHIA
214 GRANT DRIVE.
CORAL GABLES, FL. 33133

Ann N. Kithohia
Signature/Incorporator

2/4/99
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

Ann N. Kithohia
Signature/Registered Agent

2/4/99
Date