	Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	TTAL LETTER	FIL 99 SEP -9 SECNETARY TALLAHASSER	PM 3: 32	
	SUBJECT: KBAix/ (Proposed corp	orate name - must include suf	013es Inc. (fix) 100002982: -03/09/990 *****70.00	- 8 871 1077001 *****70.00	
	Enclosed is an original and one(1) copy of the articles \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	les of incorporation and a \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Sharon Hans Name (Printed or typed)					
	15/1 F. Commercial Blud. # 77 Address Ft- Lauderdale FL 33334 City, State & Zip				

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

ARTICLES OF INCORPORATION	~			
The undersigned incorporator, for the purpose of forming a corporat Business Corporation Act, hereby adopts the following Articles of Inc	corporation. SEP _o			
ARTICLE I NAME The name of the corporation shall be: $KBAincraft$ Enterprise	ALLAHASSEE, FLORIS			
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corp	oration shall be:			
ARTICLE III SHARES 15/1 E. Commercial Blue FT. Lauderdale, FL 33	9. #77 334			
The number of shares of stock that this corporation is authorized	d to have outstanding at any one time is:			
100				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Sharon Hans				
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of				
Sharon Hans				
1511 E. Commercial Aud. a Ft. Lauderdale, FL 333	# <i>7</i> > ?34			
Marin xlans	98-99			
Signature/Incorporator	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