

P22000003437

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION
KON MIAMI CORP.

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

2022 JUN 14 AM 10:38

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2022 JUN 14 PM 2:06

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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

KON MIAMI CORP,

• ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6155 NW 105 CT APT 3104

ZIP CODE = 33178 MIAMI FL

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

• ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

GUSTAVO ALBERTO RESTREPO ALARCON (P)

VIVIANA PENALUZA OSPINA (V)

2022 JAN 14 PM 16:35

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

GUSTAVO ALBERTO RESTREPO ALARCON

6155 NW 105 CT apt 3104

MIAMI FL 33178

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

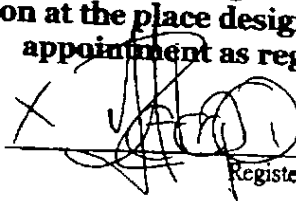
GUSTAVO ALBERTO RESTREPO ALARCON

6155 NW 105 CT apt 3104

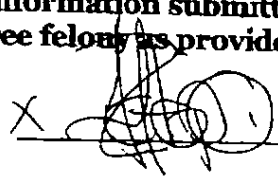
MIAMI FL 33178

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

X  _____
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.

X  _____
Incorporator Date

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