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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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RE-SUBMIT

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Please retain original filing date of submission 6/17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Knowledge Delivery Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 17 AM 7:31

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JUN 23 2015
T. HAMPTON



June 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: KNOWLEDGE DELIVERY SYSTEMS, INC.
REF: W15000042321

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Information on page 2 is not legible. ***Please type if possible.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000149295
Letter Number: 115A00012849

RE-SUBMIT

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date of submission 6/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Knowledge Delivery Systems, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alvin Crawford
Name of Person
Knowledge Delivery Systems, Inc.
Firm/Company
110 William Street, Suite 2201
Address
New York, NY 10038
City/State and Zip code
acrawford@kdsi.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin Crawford at (646) 395-6424
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Knowledge Delivery Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 13-3878390

(FEI number, if applicable)

4. 5/9/1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 110 William Street, Suite 2201, New York, NY 10038

(Principal office address)

110 William Street, Suite 2201, New York, NY 10038

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Jordan Brown Assistant Secretary

(Registered agent's signature)



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attachment _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alvin Crawford _____

Address: 110 William Street, Suite 2201 New York, NY 10038 _____

Vice President: _____

Address: _____

Secretary: Elliot Sainer _____

Address: 110 William Street, Suite 2201 New York, NY 10038 _____

Treasurer: Avi Aronovitz _____

Address: 110 William Street, Suite 2201 New York, NY 10038 _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

13. President / CEO _____

(Typed or printed name and capacity of person signing application)

**Knowledge Delivery Systems, Inc.
Officers and Directors**

Directors

- Tom Mandell, 110 William Street, Ste 2201 New York, NY 10038**
- Brian Madock, 110 William Street, Ste 2201 New York, NY 10038**
- Terry Crane, 110 William Street, Ste 2201 New York, NY 10038**
- Alvin Crawford, 110 William Street, Ste 2201 New York, NY 10038**
- Sever Totia, 110 William Street, Ste 2201 New York, NY 10038**
- Elliot Sainer, 110 William Street, Ste 2201 New York, NY 10038**

Officers

- Alvin Crawford, President/CEO, 110 William Street, Ste 2201 New York, NY 10038**
- Elliot Sainer, Secretary, 110 William Street, Ste 2201 New York, NY 10038**
- Avi Aronovitz, Treasurer/CFO, 110 William Street, Ste 2201 New York, NY 10038**

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNOWLEDGE DELIVERY SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2505440 8300

150930861

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2471943

DATE: 06-16-15