

F15000003043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

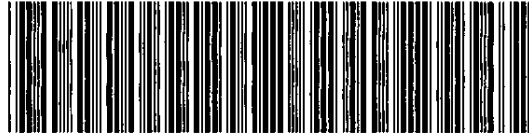
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Certified Copies _____

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FILED
2015 JUL 13 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 14 2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kellen Capital 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:

Gerson Hernandez

Name of Person

General Corporate Services Inc.

Firm/Company

829 W. Palmdale Blvd #68

Address

Palmdale, CA 93551

City/State and Zip code

gerson@companiesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerson Hernandez at (661) 310 2823

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. **Kellen Capital 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. _____

(FEI number, if applicable)

4. **07/07/2015**

(Date of incorporation)

5. **perpetual**

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

6. **Upon Filing**

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

7. **175 SW 7th St, Suite 1900, Miami, FL 33130**

(Principal office address)

175 SW 7th St, Suite 1900, Miami, FL 33130

(Current mailing address)

8. **Business Consulting Services**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

Florida 33607

(Zip code)

10. **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.



Dan Keen - President

(Registered agent's signature)

11. 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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2015 JUL 13 AM 10:55
STATE OF FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: Bob Lambert

Address: 1285 Baring Blvd
Sparks, NV 89434

Vice Chairman: Bob Lambert

Address: 1285 Baring Blvd
Sparks, NV 89434

Director: Bob Lambert

Address: 1285 Baring Blvd
Sparks, NV 89434

Director: _____

Address: _____

B. OFFICERS

President: Bob Lambert

Address: 1285 Baring Blvd
Sparks, NV 89434

Vice President: Bob Lambert

Address: 1285 Baring Blvd
Sparks, NV 89434

Secretary: Bob Lambert

Address: 1285 Baring Blvd, Sparks, NV 89434

Treasurer: Bob Lambert

Address: 1285 Baring Blvd, Sparks, NV 89434

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

13. 

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, F.S.

14. Bob Lambert - President

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

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2015 JUL 13 AM 10:55
STATE OF NEVADA
CLERK OF SUPERIOR COURT
JANET M. GILBERT

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELLEN CAPITAL 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 SEVENTH DAY OF JULY, A.D. 2015.



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2534180

DATE: 07-07-15