

File 000002555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

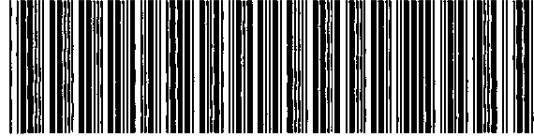
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W110-33901 RA Sign

Office Use Only



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05/02/16--01017--002 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 06 2016 3:00 PM

JUN 06 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2016

KAMAL KEWLANI
KEN CRAFT INC.
303 FIFTH AVE, STE. 2006
NEW YORK, NY 10016

SUBJECT: KEN CRAFT INC.
Ref. Number: W16000033901

We have received your document for KEN CRAFT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00009726

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
15 MAY 31 PM 6:00

KAMAL KEWANI
KEN CRAFT INC.
303 FIFTH AVE STE 2006
NY NY 10016

CUST REF: MAIL

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
10 MAY 31 PM 9:00

Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEN CRAFT 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:
303 FIFTH AVENUE SUITE 20006 NEW YORK, NY 10016

_____ Name of Person
KAMAL KEWLANI
_____ Firm/Company
KEN CRAFT INC
_____ Address
303 FIFTH AVENUE SUITE 2006
_____ City/State and Zip code
NEW YORK, NY 10016
_____ E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 APR 31 PM 6:00

For further information concerning this matter, please call:

KAMAL KEWLANI	212	686-8695
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

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

MAILING ADDRESS:
Registration 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. KEN CRAFT INC.

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

KEN CRAFT MIAMI

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

2. NEW YORK 3. 13-3222627

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/11/1984

(Date of incorporation)

5. _____

(Date of duration, if other than 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. 303 FIFTH AVENUE SUITE 2006 NEW YORK, NY 10016

(Principal office address)

(Current mailing address, if different)

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

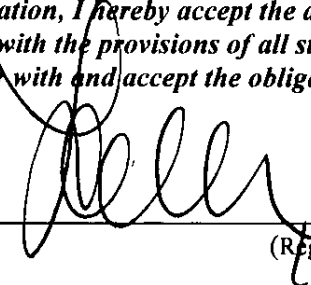
Name: LISA KOHAN

Office Address: 8000 NW 31st Street Suite #7

MIAMI, Florida 33122
(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.


(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 31 PM 6:00

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

A. DIRECTORS

Chairman: KAMAL KEWLANI
303 FIFTH AVENUE SUITE 2006
Address: NEW YORK, NY 10016

Vice Chairman: _____
Address: _____

Director: KAMAL KEWLANI
303 FIFTH AVENUE SUITE 2006
Address: NEW YORK, NY 10016

Director: _____
Address: _____

B. OFFICERS

President: NEW YORK, NY 10016
303 FIFTH AVENUE SUITE 2006
Address: NEW YORK, NY 10016

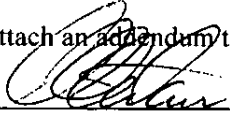
Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

STATE OF FLORIDA
DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 31 PM 6:00

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 11 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.

13. KAMAL KEWLANI PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KEN CRAFT INC. was filed on 07/03/1984, under the name of KEN CRAFTS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment KEN CRAFTS, INC., changing its name to KEN CRAFT INC., was filed 06/14/1996.



FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAY 31 PM 6:00

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of April two thousand and sixteen.

Anthony Scardino

Executive Deputy Secretary of State