File000004755

(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:

Office Use Only

700291020617

10/20/16--01017--016 **70.00

16 OCT 20 AM 9:32

OCT 25 2016
J. HARRIS

DHG

DAVID H. GREENBERG
COUNSELOR AND ATTORNEY AT LAW
Admitted Florida & New York Bars
1371 South Andrews Avenue - Pompano Beach, Florida 33069
TELE: (954) 943-2800
FAX: (954) 943-1314
EMAIL: getdavidhg@gmail.com
Cellphone: (954) 560-3283

October14th, 2016

TO: Secretary of State
RE: Kangapoda, Inc. & Enhancement Associates, LLC-FOREIGN FILING

Dear Sirs;

Please see attached completed and executed Foreign entity filing forms for the above listed entities and required filing fees for each of the above listed entities along with required filing fees for each. Please process the filing and call me with any questions at 954-560-3283. Thank you,

Very truly yours,

David H. Greenberg
DHG/rj

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KANGAPODA CORPORATION
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:

HAROLD MINTZ
Name of Person

KANGAPODA CORPORATION
Firm/Company

100 OLD PALISADE ROAD, PL-14
Address

FT LEE, NJ 07024
City/State and Zip code

hmintz@kangapoda.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GREENBERG ESQ at (954) 560-3283
Name of Person 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

PAYABLE TO "SECRETARY OF STATE"

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

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

2. NEW JERSEY (State or country under the law of which it is incorporated)

3. 45-5522688 (FEI number, if applicable)

4. JUNE 18TH 2012 (Date of incorporation)

5. PERPETUAL (Date of duration, if other than perpetual)

6. SEPTEMBER 29TH 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1383 SW 12TH AVENUE
(Principal office address)
POMPANO BEACH, FL 33069
(Current mailing address, if different)

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

Name: HOWARD P. MINTZ

Office Address: 1383 SW 12TH AVENUE

POMPANO BEACH, Florida 33069
(City) (Zip code)

15 OCT 20 AM 9:32

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.

✓ _____ HOWARD P. MINTZ
(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.

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

A. DIRECTORS

Chairman: HOWARD P. MINTZ

Address: 1383 SW 12TH AVENUE
POMPANO BEACH, FL 33069

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HOWARD P. MINTZ

Address: 1383 SW 12TH AVENUE
POMPANO BEACH, FL 33069

Vice President: HOWARD P. MINTZ

Address: SAME AS ABOVE

Secretary: HOWARD P. MINTZ

Address: SAME AS ABOVE

Treasurer: HOWARD P. MINTZ

Address: SAME AS ABOVE

FILED
00 OCT 20 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. ✓ _____
HOWARD P. MINTZ, PRES 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. HOWARD P. MINTZ, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

KANGAPODA CORPORATION
0400500339

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 18, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

HAROLD P. MINTZ
100 OLD PALISADE ROAD
PL-14
FORT LEE, NJ 07024

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of September, 2016

Ford M. Scudder
State Treasurer

Certificate Number : 5074595597

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp