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(Re	equestor's Name)
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	TIAW	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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TRANSMITTAL LETTER

	Legistration Se Division of Co	rporations	a	
SUBJEC	er: KL	N BEVERAGE GO.	nhany, Inc. praction must include suffix)	
		(Name of corpo	oration must include suffix)	
Dear Sir o	or Madam:			
"Certifica		e", and check are submitted	n for Authorization to Transa d to register the above referer	
Please ret	_	ondence concerning this n	_	
	KEN	WETh E. LEW	/x:	
		(Nan	ne of Person)	No.
	<u> </u>	N BEVERAGE	Company, INC.	<u> </u>
			,	
		723 Kipley A	Address	
	/	Noll-Ngton, Fl	Address)	PM 12:
		(City/S	- 334/4 tate and Zip code)	25. W
Kin		concerning this matter, ple	rea Code & Daytime Telepho	7 one Number)
Registration Division C 409 E. Ga	ADDRESS: on Section of Corporation ines St. ee, FL 32399	as	MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed i	is a check for	the following amount:		
	Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy
Alan	Deposate 1 KUSSELL	opens.	L.	
453	5 W. SA.	hara Ave., Ste. 204	4	
Las	VEGAS, M	hara AUE., Ste. 204 UV. 89102		

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.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or						
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or						
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a						
	natural person or partnership if not so contained in the name at present.)						
2.							
	(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4.							
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")						
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")						
	(Date first transacted business in Florida, insert "upon qualification.")						
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)						
7.	4535 W. SAHARA AVE., Str. 204 LOS VOGAS, NV. 89102						
-	(Principal office address)						
	H535 W. SAHARA AVE., St. 204 Las Vegas, NV. 89102 (Principal office address) 4535 W. SAHARA AVE., St. #204 Las Vegas, NV. 89102 (Current mailing address)						
	(Current mailing address)						
8.	To distribute Functional BEVERGES in the State						
	(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 or Mail Drop Box NOT acceptable)						
	Name: KENNETh E-LEWIS						
Of	ffice Address: 1723 Riptey Rud Wellington. Florida 33414 (City) (Zip code)						
	Wellington. Florida 22414						
	Wellington. Florida 23414 (City) (Zip code)						
10	Registered agent's accentance:						

Registered agent's acceptance:

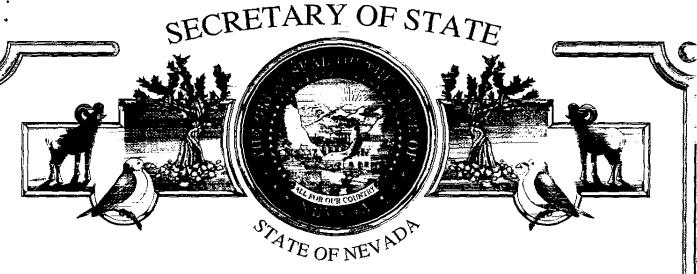
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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)

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.

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

A. DIRECTORS			
Chairman:			
Address:		<u></u>	
		<u>.</u>	
The Chairman		<u>.</u>	
Vice Chairman:			
Address:			
		<u> </u>	
Director:		<u> </u>	
Address:		=.	
		<u> </u>	
		TAS	
Director:			3
Address:			7
	2)
B. OFFICERS		<u> </u>	m
President: LENNETh E. LEWIS		- COA	J
			Ş
Address: 1723 Ripley Rud Wellington, F1. 33414	-		
/			
Vice President:		<u></u>	
Address:			
		=	
Secretary:		<u> </u>	
Address:	-	معنی	
	=	4	 _
Treasurer:		<u> </u>	
Address:	<u>*</u>	<u>=</u>	
NOTE: If necessary, you may attach an addendum to the	— a annlication listing ac	ditional officers and/or directo)rc
L All of	e application using ac	attional officers and of direct	113.
13. (Signature of Chairman, Vice Chairman,	or any officer listed in	number 12 of the application	
1/-1/4 Elen	, or may orreson moved in		,
14. KENNEIL L'LEWS (Typed or printed name and capa	acity of person signing	application)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KLN BEVERAGE COMPANY**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **APRIL 15**, **2003**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **September 15, 2003.**

__DEAN HELLER
Secretary of State

Certification Clerk

