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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporation	ns.		
CYTE	•	Knrt	inc	
SORI	ECT:	Name of cornor	ation - must include suffix	<u>, </u>
		(tame of corpo	mon must holded scrip	•9
Dear S	Sir or Madam:			
"Certi	aclosed "Application by Ficate of Existence", and out business in Florida.	oreign Corporation check are submitted	for Authorization to Trans to register the above refer	eact Business in Florida", enced foreign corporation to
Please	return all correspondence	concerning this ma	itter to the following:	
		Teerapa	orn miller	
		(Nam	e of Person)	
		K(I(†, I	NC.	
		(Film	/Сотрапу)	
		2023 '	N. Atlantic	Ave #ZI8
		, ()	Address)	
		(O(O(L	. Beach. FL	32931 2 3
		(City/St	ate and Zip code)	
			·	70 (
For fu	rther information concern	ing this matter, plea	se call:	ò
	/	iller at 37		5449 hone Number) 29
	ET ADDRESS: ration Section		MAILING ADDRE Registration Section	= '
	on of Corporations		Division of Corporat	
	Gaines St.		P.O. Box 6327	
Tallah	assee, FL 32399	•	Tallahassee, FL 323	14
Enclos	ed is a check for the Tolic	wing amount	e e e e e e e e e e e e e e e e e e e	.z
5. \$70		3.75 Filing Fee & crtificate of Status	S78.75 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.
hnct 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. State or country under the law of which it is incorporated) 3. 20-044956 (FEI number, if applicable)
4. Date of incorporation) 5. Ouration: Year corp. vill cease to exist or "perpetual")
eUpon qualification
(Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8891 Whe Dr. #402, Cape Canaveral, FL 3292
2023 N. AMantic Ave #218, Loco a Beacle FE 3292
(Current mailing address)
8. (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: LICHUC 10410C, CPA
Office Address: 3150 N. Willham Rd Bre 3
Melburno, Florida 32935 (City) (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.
A Dank
(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:

. DIRECTO	TROCKANON WILLOC	
hairman:	04(1) 10160 00 ++110	
.ddress:	- Clipe Capaveral. FL 329.	
	cupe capaveral, FL 3/9.	, <u> </u>
ice Chairman:		-+70
ddress:		
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rirector:		
ddress:		

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. OFFICER	s	80000000000000000000000000000000000000
***	Teeraporo Mille	PP 00'S
	8841 Laise br. #402	- 70.75.
	(4DE (40(1)) EL 3797()	79
ice President:	Loven France	<u>.</u>
ddress:	SULUI 1/1/50 MY # 4/07	
duress:	Tape Lanaveral, FL 37920	
	Teeraporn Miller	
ecretary:	reciapon mues	
ddress:	Teeraporn Miller	
	reaction rules	
ddress:		
OTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or d	inectors
3,		
·	(Signature of Director or Officer listed in number 12 of the application)	
4	Teeraporn Miller, President	
	(Typed or printed name and capacity of person signing application)	,,

Vice President: Walter Gruger Address: 1915 Claremont Br 1940012 GB 30312

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNCT, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2004.





Warriet Smith Windson
Harriet Smith Windson, Secretary of State
AUTHENTICATION: 3013382

DATE: 03-25-04

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