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(R	equestor's Name)	
(A.	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nai	me)
(D	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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NS-3459

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kron Ente	oration - must include suffix)	•
(Name of corpo	oration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.		
Please return all correspondence concerning this m	atter to the following:	
Ron Konish	vi	
(Nan	ne of Person)	
Kron Enterpr	ises Inci	
(Firm	n/Company)	
PD Box 4606 Carson, CA 907		
(,	Address)	
Carson, CA 907	49	
(City/S	tate and Zip code)	
For further information concerning this matter, plea	ase call:	
Ron Konishi at (7)	4 936-9046 rea Code & Daytime Telephone	
(Name of Person) (A	rea Code & Daytime Telephone	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	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 & ② 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'S REGISTER A FOREIGN CORPORATION TO TRANSACT		
Kana Fraternalses	Tinc	
1. Krow Enter prises (Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	pusiness in Florida)
		•
2. Nevada (State or country under the law of which it is incorporated) 3.	(FEI number, if applica	ble)
4. 10/20035.	Perpetual (Duration: Year corp. will cease to ex	
(Date of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6. Upon Qualific (Date first transacted business in Florida. If corporation has no (SEE SECTIONS 607.1501)	t transacted business in Florida, insert "u 1, 607.1502 and 817.155, F.S.)	pon qualification.")
7. 647 W. Mountain View St	Altadena, CA	91001
PO Box 4606 Carson (Current mailing add	·	
8. Services (Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florid	a)
9. Name and street address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT a	cceptable)
Name: Loinel Lopez		
Office Address: 305 E Rd.		
	, Florida 33935	,
(City)	(Zip code)	and the second s
10. Registered agent's acceptance:		
Having been named as registered agent and to accept servi designated in this application, I hereby accept the appoint further agree to comply with the provisions of all statutes r and I am familiar with and accept the obligations of my po	nent as registered agent and agree to elative to the proper and complete p	o act in this capacity. I
Lala Japan		- V
(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: Ron Konishi	<u> </u>
Address: 647 W. Mountain View St	
Altadena, CA 91001	
Vice Chairman: Lojael Lopez	
Address: 305 E. Rc	
La Belle, FL 33935	
Director: Milagro Lopez	
Address: 305 E Rd.	
LaBelle, FL 33935	
Director:	
Address:	
B. OFFICERS	
President: Ron Konishi	
Address: 647 W. Mountain View St	
Altadena, CA 91001	
Vice President: Loice Lopez	
Address: 305 E Rd.	-
La Belle, FL 33935	
A A A A A A A A A A A A A A A A A A A	
Address: 305 E Rd. LaBelle, FL, 33935	
Treasurer: Ron Konishi	M ₁
Address: 647W. Mountain Viens-1, Altadena, CA 91001	
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	
13. Simulation of Birth 12 of the History	
(Signature of Director or Officer listed in number 12 of the application)	
14. Konne Konishi CEO Presdent (Typed or printed name and capacity of person signing application)	

SECRETARY OF STATE



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, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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, **KRON ENTERPRISES 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 October 10, 2003, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 28, 2005.

DEAN HELLER Secretary of State

Certification Clerk