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((	Requestor's Name)
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(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
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Certified Copies	Certificates of Status
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The K. A.O. S. GIOUBE, INC.  (Name of Corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Keith Jones (Name of Person)
The K. A. O. S Groupe In
2802 Boather St. FF 8
T
Tallyhouse Fl 32301  (City/State and Zip Code)  (City/State and Zip Code)
For further information concerning this matter, please call:
Korth Jones at (950) 454-8335  (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certificate of Status &

Certified Copy



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 8, 2005

KEITH JONES THE K.A.O.S. GROUP, INC. 2802 BOATNER ST TALLAHASSEE, FL 32301

SUBJECT: THE K.A.O.S. GROUP, INC.

Ref. Number: W05000041616

We have received your document for THE K.A.O.S. GROUP, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 405A00055723

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA

THE STATE OF FLORIDA.
1. To K. A.O.S. Carouse Mark Post Evon (Name of corporation: must include the world "INCORPORATED" or "CORPORATION" or words or abbreviations of like
(Name of corporation: must include the world "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Aug. 4, 2005 (Date of Incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2902 Bouty St. Tallalusan, 181 32301 (Principal office address)
Current mailing address)
(Current marining address)
8. To Jos Lingly impact the Continuing of Tallyhause divorth promoting high
8. To include 1 impact he community of Tallingue divorth promoting high (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) eduration, supplied on Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Community Inwhitement + Name: Kerth Tones  Name: Kerth Tones  Office Address: 2812 Bristing St.  Tallahascut, Florida 3331  (City)  To Registered agent's acceptance:  Having heen named as registered agent and to accept service of process for the above stand completion of the plane.
Name: Kerty Jones hosby Ziernehorkin
Office Address: 2812 Bushive St.
Tallahasen, Florida 323:1 (Zip Code)
10. Projectored agentle accentences
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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
(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 addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Kukn Johns	DS SE
Address: 2812 Bogley/ St.	NST 0
Vice President: James Harris	
Vice President: James Harris  Address: 2802 Brating St.	<u> </u>
TL, P1 32301	
Secretary: Philip Hamilton TL, R1 30301	
Address: 2907 Boather St	
Treasurer: Town Praison	
Address: 2812 Booknerst, II, FL 32901	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	es and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	application)
12	

(Typed or printed name and capacity of person signing application)

# STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

### To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

THE K.A.O.S. GROUPE INC.

KANSAS NOT FOR PROFIT CORPORATION

Business Entity ID Number: 3820768

was filed in this office on August 04, 2005 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 09/08/2005

#### For Validation:

Certificate ID: 35981

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html



Signed:

RON THORNBURGH SECRETARY OF STATE 05 SFP -9 PH 1:31