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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:	New Filing S Division of C					
CTID	JECT:	•	. VISIO	N IN	C.	
SUD	JEC1:	(Na	me of corpo	ration	must include suffix)
Dear	Sir or Madam:					
"Cert		nce," and check as				act Business in Florida," enced foreign corporation to
Pleas	e return all corre	spondence concer	ning this m	atter to	the following:	
		1	DONNA	M. F	IENRY	
			(Nam	e of P	erson)	
			K.D. VIS	NOIS	INC.	
			(Firm	ı/Comj	oany)	
		797	3 LAKE	NE	LIE RD.	
			(4	Addres	s)	
		CLE	RMON'	TFL	. 34711	
			(City/St	tate and	l Zip code)	
For fi	urther informatio	on concerning this	matter, plea	ase call	:	
KEI	TH M. HEN	IRY	at (35	i 2 、	241-4154	
	(Name of Pe	rson)		rea Co	de & Daytime Telep	hone Number)
Enclo	New Filing S Division of C Clifton Build 2661 Executi Tallahassee, l	orporations ing ve Center Circle			MAILING A New Filing S Division of O P.O. Box 63 Tallahassee,	Section Corporations 27
	0.00 Filing Fee	\$78.75 Fili		□ \$	78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

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February 14, 2006

DONNA M. HENRY K.D. VISION INC 7973 LAKE NELLIE RD. CLERMONT, FL 34711

SUBJECT: K.D. VISION INC. Ref. Number: W06000006936

We have received your document for K.D. VISION INC. and your check(s) totaling \$70.00. 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) 245-6934.

Loria Poole Document Specialist

Letter Number: 306A00010464

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.	K. D. VISION INC.					
(Enter name of	corporation; must include "INCORI Corp," "Inc," "Co," or "Corp.")	PORATED," "COMPANY," "C	بر. رين	HAR 27 PM =:		
(If name unavai	lable in Florida, enter alternate corp	orate name adopted for the purpo	se of transacting business	in Florida)		
2	NEVEDA under the law of which it is incorp	3.				
			number, if applicable)			
4	JULY 30, 2001 e of incorporation)	5. PERP	ETUAL rp. will cease to exist or "p			
(Dat	e of incorporation)		rp. will cease to exist or "p	perpetual")		
6		N/A				
		I business in Florida, if prior to r 01 & 607.1502, F.S., to determin				
	7973 LAKE NELLIE	•				
<i>-</i>		l office address)				
	7973 LAKE NELLIE	RD. CLERMONT FL	34711			
	(Current	mailing address)				
	SALE AND DISTRIB s) of corporation authorized in hom	e state or country to be carried or	ut in state of Florida)	<u>s</u>		
9. Name and stre	et address of Florida registered a	gent: (P.O. Box NOT accept	able)			
Name:	KEITH M. HENRY					
Office Address:	7973 LAKE NELLIE					
	CLERMONT	, Florida 34	711			
	(City)	(Zi	p code)			
Having been nan designated in this further agree to	igent's acceptance: ned as registered agent and to a s application, I hereby accept th comply with the provisions of al r with and accept the obligation	e appointment as registered a l statutes relative to the prope	igent and agree to act is ir and complete perform	n this capacity. I		
_	Hy M. 1					
	(Registered agent)	eighature)				

under the law of which it is incorporated.

12: Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: KEITH M. HENRY	
Address: 7973 LAKE NELLIE RD. CLERMONT FL. 34711	_
	_
Vice Chairman: DONNA G. HENRY	_
Address: 7973 LAKE NELLIE RD. CLERMONT FL. 34711	
Director:	_
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	_
Secretary:	_
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13(Signature of Director or Officer listed in number 12 of the application)	
(Signature of Director or Officer listed in number 12 of the application) 14. DONNA G. HENRY/VICE CHAIRMAN Janua Henry 14. DONNA G. HENRY/VICE CHAIRMAN Janua	
(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, **K.D. VISION 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 July 30, 2001, 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 on February 28, 2006.

DEAN HELLER
Secretary of State

Certification Clerk