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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/19

76229

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: K&R INVESTMENT CAPITAL, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KESNER JOASEUS

Name of Person

K&R INVESTMENT CAPITAL, INC

Firm/Company

PO BOX 542324

Address

LAKE WORTH, FL 33454

City/State and Zip code

KESNERJ@GLSFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KESNER JOASEUS

Name of Person

at (561) 676-2446

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2009

KESNER JOASEUS
K&R INVESTMENT CAPITAL, INC
PO BOX 542324
LAKE WORTH, FL 33454

SUBJECT: K&R INVESTMENT CAPITAL INC
Ref. Number: W09000026229

We have received your document for K&R INVESTMENT CAPITAL INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

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 your document, along with 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 909A00018821

**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. K&R INVESTMENT CAPITAL, 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. WYOMING

(State or country under the law of which it is incorporated)

3. 320283570

(FEI number, if applicable)

4. 5/7/2009

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4075 S. STATE RD.7 STE.D, WELLINGTON, FL 33449

(Principal office address)

PO BOX 542324, LAKE WORTH, FL 33454

(Current mailing address)

8. REAL ESTATE INVESTMENTS, BUYING AND SELLING

(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 NOT acceptable)

Name: KESNER JOASEUS

Office Address: 4075 S. STATE RD.7 STE.D

WELLINGTON

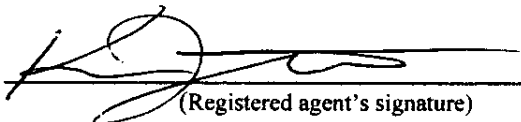
(City)

, Florida FL 33449

(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.


(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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

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Chairman: _____

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Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KESNER JOASEUS

Address: 4075 S. STATE RD.7 STE.D

WELLINGTON, FL 33449

Vice President: _____

Address: _____

Secretary: KESNER JOASEUS

Address: 4075 S. STATE RD.7 STE.D

Treasurer: WELLINGTON, FL 33449

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)

14. KESNER JOASEUS

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

STATE OF WYOMING
Office of the Secretary of State

FILED

09 JUN 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

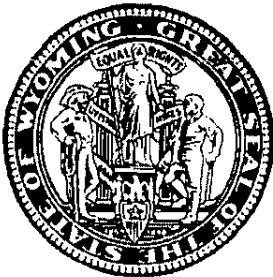
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

K&R Investment Capital, Inc.

Accordingly, the undersigned, by virtue of the authority vested in me by the law, hereby
issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official
certificate at Cheyenne, Wyoming on this **7th** day of **May**, **2009**.



Filed Date: 05/07/2009

Max Maxfield

Secretary of State

By: _____ Jenny Kline