F10000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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S McKnight JAN 08 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KP, Corp.
(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:

Keith Palmer
(Name of Person)

KP, Corp.
(Firm/Company)

3511 Silverside Rd Ste 105
(Address)

Wilmington, DE 19810
(City/State and Zip code)

For further information concerning this matter, please call:

Keith Palmer at (410) 218 5800
(Name of Person) (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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.P. Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. K.P. of DE, Corp
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 26-349-1520
(FEI number, if applicable)

5. 10-1-2008
(Date of incorporation)

6. Perpetual
(Duration - Year corp. will cease to exist, or "perpetual")

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

8. 3511 Silverside Rd, Ste 105, Wilmington, DE 19810
(Principal office address)

PO Box 111688, Naples, FL 34108
(Current mailing address)

9. Management
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

10. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Keith Palmer

Office Address: 6355 Old Marco Ct

Naples, Florida 34109
(City) (Zip code)

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11. **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.

Date

(Registered agent's signature)

12. 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.

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

A. DIRECTORS

Chairman: Keith Palmer

Address: 6355 Old Mahogany Ct
Naples FL 34109

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Keith Palmer

Address: Same

_____

Vice President: _____

Address: _____

_____

Secretary: Keith Palmer

Address: Same

Treasurer: Keith Palmer

Address: Same

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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. Keith Palmer President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KP, CORP." 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 EIGHTH DAY OF JANUARY, A.D. 2010.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN -8 PM 12:19

Jeffrey W. Bullock, Secretary of State

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100021389

AUTHENTICATION: 7747123

DATE: 01-08-10