Division of Corporations **Electronic Filing Cover Sheet** 

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'ro:

Division of Corporations

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-1000

Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\* annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION KAMIN DESIGN SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

Division of Corpora	ations	
SUBJECT: KAMIN DES	SIGN SOLUTIONS, INC.	_
	Name of corporation - must include suffix	
Dear Sir or Madam:		
"Certificate of Existence,"	by Foreign Corporation for Authorization to Transact Business in Florida," or "Certificate of Good Standing" and check are submitted to register the orporation to transact business in Florida.	
Please return all correspond	dence concerning this matter to the following:	
JOHN Y. KAMIN		
	Name of Person	
KAMIN DESIGN SOLUTIO	NS, INC.	
	Firm/Company	-
3900 MAX PLACE, APT. 10	23	
	Address	-
BOYNTON BEACH, FL 334	36	
	City/State and Zip code	_
KAMINDESIGN@GMAIL.C	MOM	
	E-mail address: (to be used for future annual report notification)	-
For further information con	ocerning this matter, please calt:	YWW IIEZ
JOHN Y. KAMIN	at (561 ) 676-5174	7-
Name of Person	Area Code & Daytime Telephone Number	~ [
STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	New Filing Section Privision of Corporations P.O. Box 6327 Tallahassee, FL 32314 Privision of Corporations P.O. Box 6327	M 9:27
\$70.00 Filing Fee	\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status   Certified Copy   Certifie	3 & ·

3/005

#### 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.

(If name unavails	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busin	ness in Florida)
SOUTH CAROL	INA	3	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	)
01/02/2008		5 Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
		s in Florida, if prior to registration) 2.1502, F.S., to determine penalty liability)	
3900 MAX PLA	CE, APT 103, BOYTON BEACH, FL 33430	6	
	(Principal office a		
3900 MAX PLAC	CE, APT 103, BOYTON BEACH, FL 33430	6	
,	(Current mailing a	ddress)	<b>7</b> ⊗
DESIGN AND E	NGINEERING		F 22
		country to be carried out in state of Florida)	AR HAY
Name and stree	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	SSEE
Name:	Corporation Service Company		
ffice Address:	1201 Hays Street	······································	
	Taliahassee	, Florida 32301	DF 23
	(City)	(Zip code)	

and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company **Matthew Young** (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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**	A SECTION	a
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12. Indition and pusitions agriculture of through allower angeloids.		
A. DIRECTORS		
Chainnan:		
Address:		
		•
Vice Chairman:		
Address;		
	1	
Director:		
Address:		
	•	
		•—
Address:		
	<b>∑</b> ∽	
B. OFFICERS	FE	
President: JOHN KAMIN	<b>A</b>	3
Address: 3900 MAX PLACE, APT 103, BOYTON PLACE, FL 33436	AS:	굯
	<u>,                                    </u>	
Vice President:	5-1	<b>*</b>
Address:	OR!	9
	<del>Umi</del> A	19
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directors.	
Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departmenthird degree felony as provided for in s.817.155, F.S.	: facts stated her t of State consti	rein tutes n
14. JOHN KAMIN, PRESIDENT		
(Typed or printed name and canacity of person signing application)		

# The State of South Carolina



Office of Secretary of State Mark Hammona

# Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

### KAMIN DESIGN SOLUTIONS, INC.,

a corporation duly organized under the laws of the State of South Carolina on January 2nd, 2008, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

> Given under my Hand and the Great Seal of the State of South Carolina this 29th day of April, 2011.