

# F/3000002069

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

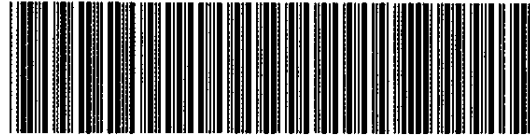
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 MAY 10 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-21909

κ 05/14/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2013

MURRAY K. STEGMAN  
2494 SOUTH OCEAN BLVD.  
APT. A9  
BOCA RATON, FL 33432

SUBJECT: KUGRASS, INC.  
Ref. Number: W13000021909

RECEIVED  
13 MAY 10 PM 4:03  
DIVISION OF CORPORATIONS

We have received your document for KUGRASS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 513A00008931

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** KUGRASS, 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," or "Certificate of Good Standing" 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:

MURRY K. STEGELMANN

Name of Person

Firm/Company

2494 South Ocean Blvd. Apt. A9

Address

Boca Raton, Florida 33432

City/State and Zip code

mstegelman@kafunds.com

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

For further information concerning this matter, please call:

Murry K. Stegelmann at ( 561 ) 756-8326

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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|

**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. **KUGRASS, 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. **DELAWARE**

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

3. **46-1667075**

(FEL number, if applicable)

4. **DECEMBER 26, 2012**

(Date of incorporation)

5. **PERPETUAL**

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

6. **JANUARY 1, 2013**

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

7. **2494 South Ocean Blvd. Apt. A9 BOCA RATON, FL 33432**

(Principal office address)

**2494 South Ocean Blvd. Apt. A9 BOCA RATON, FL 33432**

(Current mailing address)

8. **INVESTMENTS**

(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: **MURRY K. STEGELMANN**

Office Address: **2494 South Ocean Blvd. Apt. A9**

**BOCA RATON**

(City)

, Florida **33432**

(Zip code)

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TALLAHASSEE, FLORIDA

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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: **BODIE STEGELMANN**

Address: Yoder, Ainlay, Ulmer & Buckingham, LLP 130 N. Main Street Goshen, IN 46527-0575  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: **BODIE STEGELMANN**

Address: Yoder, Ainlay, Ulmer & Buckingham, LLP 130 N. Main Street Goshen, IN 46527-0575  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: **BODIE STEGELMANN**

Address: Yoder, Ainlay, Ulmer & Buckingham, LLP 130 N. Main Street Goshen, IN 46527-0575  
\_\_\_\_\_

Treasurer: **BODIE STEGELMANN**

Address: Yoder, Ainlay, Ulmer & Buckingham, LLP 130 N. Main Street Goshen, IN 46527-0575  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. **BODIE STEGELMANN**

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KUGRASS, INC." 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 SECOND DAY OF MAY, A.D. 2013.

FILED  
13 MAY 10 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0403338

DATE: 05-02-13