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SECRETARY OF STATE
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05/24/13

COVER LETTER

TO: New Filing Sec Division of Cor					
SUBJECT:	KTLM GROUP,	INC.			
SUBJECT.	Name of corporat	tion - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence	ion by Foreign Corporation e," or "Certificate of Good S in corporation to transact bus	Standing" and check are sub			
Please return all corresp	oondence concerning this ma	atter to the following:			
Ĺ	ARA MCKIS	SIUZ			
	ARA MCKIS Name	of Person	.		
	KTKY GROUP,	INC.			
Control of the State of the Sta	Firm/C	Company	,		
	17922 FITH	1			
		ddress			
	IRMAE. PA	92-1214			
	(RVINZ, CA-City/Star	te and Zip code			
İ					
	E-mail address: (to be us	Ktgy . com ed for future annual report r	notification)		
For further information	concerning this matter, plea	se call:			
I Dag Marie	66.4.44 AV	A 787-0791	a a		
Name of Perso	SSIK at (94	ea Code & Daytime Telepho	One Number		
Ivame of Ferse	,,	ou coue a Buyumo Toropii	one rumber		
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
New Filing Section Division of Corporations		_	New Filing Section Division of Corporations		
Clifton Building P.O. Box 632					
2661 Executive Tallahassee, FI	Center Circle	Tallahassee, F	L 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

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. KTGY GROUP, 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) (State or country under the law of which it is incorporated)

3. 33-048819

(FEI number, if applicable) (Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7922 FITCH IRVINE, DA 92614

(Principal office address)

7922 FITCH IRVINE, CA. 92614

(Current mailing address) ARCHITECTURAL AND PLANNING SERVICES
(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) NRAI Services, Inc.

1200 S. Pine Island Rd

Plantation , Florida 33324

(City) (Zip code) Name: Office Address: 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

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: STAN BRADEN	.		
Address: 17922 FITCH			
1evine, CA 92UIY			
Vice Chairman:			
Address:			
Director: MANUEL GONZALEZ			
Address: 17922 F174			
1PVING, CA 92614			
Director:			
Address:			
		ω <u>-</u>	First to a fixt
B. OFFICERS	TAS:	7 23	চুটে ও কার্যাটি। সাধুয়ার ক্রমে
CEO President: TRICIA ESSER	23.0 0.0	. P.	il Service Service
Address: 17922 FITCH	F. 0	က်ပ	A STATE OF
IRVINE, CA 92614	NIC N	01	
Vice President:			
Address:			
Secretary BRITTANY CHOISNET			
Secretary: BRITTANY CHOISNET Address: 17922 FITCH IRVINE, CA 92614			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or direc	tors	
13. Authority with	or unce	10.5.	
Signature of Director or Officer	S44		
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 Department a third degree felony as provided for in s.817.155, F.S.			
14. Brittary Choisut, CFD (Typed or printed name and capacity of person signing application)	-		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KTGY GROUP, INC.

FILE NUMBER: FORMATION DATE:

C1803971

TOTALLE TON

10/30/1991

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

13 MAY 23 PH 5: 01
SEURCISCY DISTATE
AND A MASSEE FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 30, 2013.

DEBRA BOWEN
Secretary of State