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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Kush Inc		
	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact busine	ding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	
kenneth g halstead		
Name of	Person	
Kush Inc		
Firm/Com	pany	
3550 morris st n		
Addre	ess	
st petersburg, fl 33713		
City/State a	nd Zip code	
ken@closets-plus.com		
E-mail address: (to be used t	or future annual report notification)	
For further information concerning this matter, please of	eall:	
ken halstead at (727	647 0476	
Name of Person Area (Code & Daytime Telephone Number	SECK
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	CIARY OF STATE
\$70.00 Filing Fee	\$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy	ķ



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FLORIDA DEPARTMENT OF STATE PROPERTY OF STATE PR

July 8, 2013

KENNETH G HALSTEAD 3550 MORRIS STREET N ST. PETERSBURG, FL 33713

SUBJECT: KUSH INC

Ref. Number: W13000038530

We have received your document for KUSH INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 813A00016667

13 JUL 18 PH 4: 10

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. Kush Inc							
(Enter name of corporation; mus "Inc.," "Co.," "Corp," "Inc," "Co		ED,"	"COMPANY," "CORPORATION,"				
	ngboaci				_		
(If name unavailable in Florida,	enter alternate corporate na	me a	dopted for the purpose of transacting busines	s in Flori	da)		
2. Wyoming		3.	Applied for				
(State or country under the law o	f which it is incorporated)	_	(FEI number, if applicable)				
4. 05/13/2010		5.	Perpetual				
(Date of incorporation	n)		(Duration: Year corp. will cease to exist or	"perpetua	ıl")		
_{6.} NA							
(Florida, if prior to registration) 02, F.S., to determine penalty liability)				
7, 3550 morris st n st petersburg, fl 33713							
	(Principal office	addr	ess)				
3550 morris st n st	petersburg, fl 33	371	3				
	(Current mailing	addr	ess)				
8. wholesale sales							
(Purpose(s) of corporation	authorized in home state of	r coi	untry to be carried out in state of Florida)				
9. Name and street address of F	lorida registered agent: ((P.C	. Box NOT acceptable)	3 	Sic		
Name: William	Deane			½ 18	A CATA		
Office Address: 1597 6	2nd Avenue N			P P	Y SP		
St pete	rsburg,		, Florida 33702	÷	STA ORA		
	(City)		(Zip code)	ō	VOIT JE		
10. Registered agent's accepta	ance:	_			Ŝ		

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: FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS A. DIRECTORS Chairman: ___ 13 JUL 18 PM 4: 10 Address: ____ Vice Chairman: Address: Director: Address: _____ Director: Address: **B. OFFICERS** President: taylor I halstead Address: 3550 morris st n st petersburg, fl 33713 Vice President: kenneth g halstead Address: 3550 morris st n st petersburg, fl 33713 Secretary: Treasurer: debbra f halstead Address: 3550 morris st st petersburg NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Signature of Director of 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. kenneth g halstead vice president

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

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Kush inc.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on May 13, 2010, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2010-000584506.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2013 at 2:35 PM. This certificate is assigned 013772728.



Max Massick Secretary of State

SECRETARY OF STATE CORPORATIONS

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.