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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL .
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: FLINT, INC.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter JOEY YE	to the following:
. Name of F	Person
FLINT, INC.	
C/O KVB PARTNERS, 60 BROA	
Addre	ss
NEW YORK, NY 10004	
City/State an	nd Zip code
JYE@KVBPARTNERS.COM	
E-mail address: (to be used to	or future annual report notification)
For further information concerning this matter, please co	all:
JOEY YE at (646	356-0461
	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

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.} FLINT, IN	IC.		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"
	ADTMEDO INO		
	ARTNERS, INC		for the state of t
	ble in Florida, enter alternate corporate nai	me	adopted for the purpose of transacting business in Florida)
2. DE		3.	20-5305020
(State or country t	under the law of which it is incorporated)		(FEI number, if applicable)
_{4.} 07/06/200	06	5.	PERPETUAL
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
_{6.} 09/01/20	13		
o			n Florida, if prior to registration)
	•		502, F.S., to determine penalty liability)
_{7.} 250 CATA	LONIA AVE, SUITE 804	4 (CORAL GABLES, FL 33134
	(Principal office a		,
C/O KVB F	PARTNERS, 60 BROAD S	T	, STE 3502 NEW YORK ,NY 10004
	(Current mailing	add	ress)
DOING B	SUSINESS IN FLORIDA.		
o			CFU-11
(Purpose(s	of corporation authorized in home state o	rec	buntry to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: ((P.0	O. Box NOT acceptable)
Name:	PARACORP INCORPORA	٩T	ED
Office Address:	236 E 6TH STREET		
omeo ridaress.	TALLAHASSEE		, Florida 32303
	(City)		(Zip code)
10. Registered ag	gent'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.

See attached	
(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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: OCTOBER 1, 2013

ENTITY NAME: FLINT PARTNERS, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: FREDERIC LEVILAIN
Address: C/O KVB PARTNERS, 60 BROAD STREET, SUITE 3502
NEW YORK, NY 10004
Vice Chairman: THIERRY FLAHAULT
Address: C/O KVB PARTNERS, 60 BROAD STREET, SUITE 3502
NEW YORK, NY 10004
Director:
Address:
Director:
Address:
B. OFFICERS
President: FREDERIC LEVILAIN
Address: C/O KVB PARTNERS, 60 BROAD STREET, SUITE 3502
NEW YORK, NY 10004
Vice President: THIERRY FLAHAULT
Address: C/O KVB PARTNERS, 60 BROAD STREET, SUITE 3502
NEW YORK, NY 10004
Secretary:
Address:
Treasurer:
Address:
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.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLINT, 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 SEVENTEENTH DAY OF DECEMBER, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLINT, INC."

WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4186008 8300

131437295

AUTHENTYCATION: 0990116

DATE: 12-17-13

You may verify this certificate online at corp.delaware.gov/authver.shtml