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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			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BY KILIAN INC	
BUDDECI.	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
FREDERIC V. BLANCHARD	
Name	e of Person
KVB PARTNERS	
	Company
60 BROAD STREET SUITE 3	502
NEW YORK, NY 10004	ddress
City/Sta	ate and Zip code
ADMINISTRATION@KVBPARTI	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
BENEDICTE MUR at (646	5 、356-0460
	rea 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 & □ \$87.50 Filing Fee, Certified Copy Certified Copy 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. BY KILIA	.N INC orporation; must include "INCORPORATEI	" "COMPANY " "CORPORATION"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	s, committ, contraction,	
(If name unavaila	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting bus	iness in Florida)
DELAWA	ARE .	_{3.} 26-2476362	
· 	under the law of which it is incorporated)	(FEI number, if applicable)
APRIL 21	1ST, 2008	_{s.} PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
•			
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
60 BROA	D STREET SUITE 3502	NEW YORK, NY 10004	
	(Principal office ac	ddress)	
SAME AS			
	(Current mailing ac	ddress)	
3.			
) of corporation authorized in home state or	country to be carried out in state of Florida)	50 -
. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	F SECRE ALLAH
Name:	PARACORP INCORPORA		FIL HASS
Office Address:	236 EOST 6th AVE		PH PH
	Tallahassee	, Florida 32303	PHIZ: 02 PHIZ: 02 PHIZ: 02
	(City)	(Zip code)	
0. Registered as	gent's acceptance:		
		rvice of process for the above stated cor ntment as registered agent and agree to	
urther agree to c	omply with the provisions of all statute	s relative to the proper and complete pe	
uties, and I am f	amiliar with and accept the obligations	s of my position as registered agent.	
	see enclosed		
	(Registered agent's	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: KILIAN HENNESSY Address: 60 BROAD STREET SUITE 3502 NEW YORK, NY 10004 Vice Chairman: _____ Address: Director: Director: **B. OFFICERS** President: KILIAN HENNESSY Address: 60 BROAD STREET SUITE 3502 NEW YORK, NY 10004 Vice President: Address: Secretary: FREDERIC V. BLANCHARD Address: 60 BROAD STREET SUITE 3502 NEW YORK, NY 10004 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. FREDERIC V. BLANCHARD 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. SECRETARY

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/7/2014

ENTITY NAME: BY KILIAN 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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "BY KILIAN 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 SEVENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BY KILIAN INC" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2008.

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.

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Jeffrey W. Bullock, Secretary of State AUTHENT CATION: 1350982

DATE: 05-07-14

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