

(Requestor's Name)
(Address)
(Address)
(included)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Siling Office
Special Instructions to Filing Officer:
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Office Use Only



200258818792

04/28/14--01049--003 **87.50

06/10/14--01019--023 **650.00

14 JUNIO AM 7:5 SECRETARY OF STATE

W14-27100

COVER LETTER

	v Filing Section				
SUBJECT					
SUBJECT	•	Name of co	poration	- must include suffix	
Dear Sir or I	Madam:				
"Certificate	of Existence,"		ood Stan	Authorization to Transac ding" and check are sub- ss in Florida.	
Please return	all correspon	idence concerning th	is matter	to the following:	
Marc Levis	nson				
		1	Name of	Person	
Kairos AR	, Inc.				
		F	irm/Com	pany	
400 NW 2	6th Street				
			Addre	SS	* t
Miami, FL	33127				
		City	y/State ai	nd Zip code	
marc@kai	ros.com	E mail address (to	ha yaad é	or future annual report n	
		L-man address: (to	oe usea i	or tuture annual report n	ouncation)
For further is	nformation co	ncerning this matter.	please c	all:	
Mark Levi	nson	5 at (61	982-9977	
Nan	ne of Person	at (Code & Daytime Telepho	one Number
New Divi Clift 2661 Talla	Filing Sectionsion of Corportion Building Executive Contains Section Building Executive Contains FL 3	rations enter Circle		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
□ \$70.00 Fi		\$ \$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "KAIROS AR, 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 FOURTEENTH DAY OF

FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAIROS AR, INC." WAS INCORPORATED ON THE SIXTH DAY OF MARCH, A.D. 2012.

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

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

SECRETARY A SINIE ALLAHASSEE FLORIDA

5120002 8300

140182048

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 1136510

DATE: 02-14-14

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

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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPANY," "CORPORATION,"		
	able in Florida, enter alternate corporate nam		usiness in Florida)	
Delaware	3	45-5090403		
` .	under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 6, 2012 5. Perpetual				
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
August 1, 20	012			
400 NIM 004	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	ı	
400 NVV 26th	Street, Miami, FL 33127			
400 NW 26th	(Principal office ac n Street, Miami, FL 33127	dress)		
	(Current mailing ac	ldress)		
Developmer	nt and Sales of Software as a Serv	rice		
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Florid	la)	
Name and street	et address of Florida registered agent: (F	O. Box NOT acceptable)	TAE SEE TAE	
Name:	Marc Levinson		JUN 10	
Office Address:	400 NW 26th Street		1.1.1	
	Miami	, Florida <u>33127</u>	AH 7:54 OF STATE EFLORID	
	(City)	(Zip code)	.co	

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:

	ECTORS Brian Brackeen			
Chairmar Address:	400 NW 26th Street			
Address,	Miami, DL 33127			
Vice Cha	Steve O'Hara			
Address:	400 NW 26th Street			
	Miami, FL 33127			
Director:	Bryan Abboud			
Address:	400 NW 26th Street		· · · · · · · · · · · · · · · · · · ·	
	Miami, FL 33127			
Director:	Lisa Raggiri			
Address:	400 NW 26th Street			
	Miami, FL 33127			
B. OFF	TCERS			
President	Brian Brackeen			
Address:	400 NW 26th Street			
	Miami, FL 33127	Z SE	1,4	
Vice Pres	Marc Levinson		KUL	•17
Address:	400 NW 26th Street	SS	0	F
	Miami, FL 33127	177 c -12 - 7	=	\$ 4 P
Secretary			7:5	
Address:	400 NW 26th Street	>r	7, -6	
	•			
NOTE:	If necessary, you may attach an addendum to the application listing additional	officers and/or direct	iors.	
13	Mars Live CFU			
	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 Marc Levinson, Chief Financial Officer

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida- Kairos AR, Inc.

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

Mr. Mark Johnson 400 NW 26th Street Miami, FL 33127