

**F14000004436**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : INCORP SERVICES INC  
Account Number : I201200000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 20 PM 1:20

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AND  
FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**KHI Solutions, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** KHI Solutions, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tamara Al-Fokalki

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Al-Fokalki for InCorp Services, Inc. at ( 702 ) 866-2500  
Name of Person Area 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

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06:09:39 p.m. 10-17-2014

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, 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. KHI Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana

(State or country under the law of which it is incorporated)

3. N/A

(FBI number, if applicable)

4. 12/22/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

(Principal office address)

5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

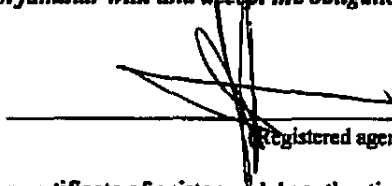
(City)

, Florida 33470

(Zip code)

9. Registered agent'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.*



Tamara Al-Fokalki for InCorp Services, Inc.

(Registered agent's signature)

10. 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.

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11. Names and business addresses of officers and/or directors:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Julianna M. Bielawski

Address: 5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

Vice President: Joseph Bielawski

Address: 5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

Secretary: Katie Belange

Address: 5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

Treasurer: Julianna M. Bielawski

Address: 5875 Castle Creek Parkway, Suite 425 Indianapolis, IN 46260

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_

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.

13. Julianna M. Bielawski, President

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

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06:10:06 p.m. -2014 5/9  
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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

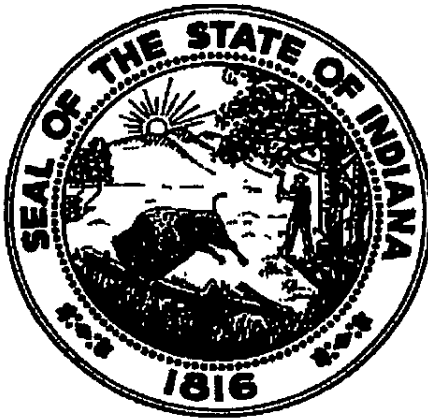
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**KHI SOLUTIONS, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 22, 1999, and was in existence or authorized to transact business in the State of Indiana on October 17, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of October, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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