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SECRETARY OF STATE
TALL, STATE FROM STATE

to 10/21/14

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: KING COTTON	ENTERPRISES, INC. must include suffix
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 Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	to the following:
HARVEY COT	TON
HARVEY COT	erson
Firm/Comp	any
ZOS PALAZZO CTR	CCLE
ST. AUGUSTINE	FLORIDA 32092
City/State and E-mail address: (to be used for	d Zip code Lotter " 9" on 1 y) or future annual report notification)
For further information concerning this matter, please ca	
HARVEY COTTON at 904 Name of Person Area C) 770-2257 ode & Daytime Telephone Number
	CARTA
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32301	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 & S87.50 Filing Fee, Certified Copy 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. KING COTTON ENTERPRISES, TNC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. NEVADA 3.	
2. NEVADA (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 9 116 120 14 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 205 PALAZZO CIRCLE, ST. AUGUSTINE, FL 32092	
(Principal office address)	
	•
(Current mailing address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
MAC (CV) O)	
Name: HARVEY COTTON	1
Office Address: 205 PALAZZO CTRCLE	j
ST. AUGUSTエルモ , Florida 32092 (City) (Zip code)	
(City) (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.

(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.

11. Names and business addresses of officers and/or directors: FILFN A. DIRECTORS 14 OCT 20 FM 3.06 Chairman: HARVEY COTTON ST. AUGUSTINE, FLORIDA 32092 Vice Chairman: DANTELLE COTTON Address: 205 PALAZZO CIRCLE ST. AUGUSTINE, FLOREDA 32092 Director: _ Address: **B. OFFICERS** President: HARVEY COTTON Address: 205 PALAZZO CTRCLE ST. AUGUSTINE, FLOREDA 32092 Vice President: Secretary: DANTELLE COTTON Address: 265 PALAZZO CERCLE, ST. AUGUSTINE, FL 32092 Treasurer: HARVEY COTTON Address: 205 PALAZZO CERGLE, ST. AUGUSTENE, FL 32092 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. HARVEY COTTON, PRESTDENT

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, KING COTTON ENTERPRISES, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 16, 2014, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20141006-2246
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 6, 2014.

ROSS MILLER Secretary of State FILED

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