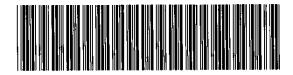
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(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
	NO	<b>b</b>				

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Office Use Only



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15 AUG 28 PM 12: 02 SECRETARY OF STATE TALLAHASSEE, FLORID.

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## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	ECT:	KISL	ED.	Inc	
		Name of co	rporation	- must include suffix	
Dear S	ir or Madam:				
"Certif		or "Certificate of C	Good Stan	ding" and check are su	act Business in Florida," bmitted to register the
Please	return all correspon	dence concerning to	his matter	to the following:	
	Jo	NATHAN	Soro Name of I		· 
			Firm/Com		
	68	44 NE_	225	- R 54.	
			Addre	ss	
	<u> </u>	elrose	FL	32666	
	<u> </u>	Ci CONCIL E-mail address: (to	ty/State ar be used f	32666 d Zip code OL, COM or future annual report	notification)
For fur	ther information co				
JON	PAI haw Gor	Cell at (_	352 Area Code	359-467 Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	ed is a check for the	following amount:			
<b>5</b> 70	.00 Filing Fee	3 \$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

15 AUG 28 PH 2: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 19, 2015

JONATHAN GORRELL 6844 NE 225THS T MELROSE, FL 32666

SUBJECT: KISLED, INC. Ref. Number: W15000055448

We have received your document for KISLED, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 415A00017507

#### '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. KISLED, TMC
(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) State or country under the law of which it is incorporated)

3. 263677114

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 6944 NE 225 Th St. Metrose FC 326649
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JONATHAN GOSTELL Name: 6844 NE 2257 St.

Melrose , Florida 32664
(City) (Zip code) Office Address: 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.

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: A. DIRECTORS Chairman: JONATHAW GORCE NE 225th Street Metrose FL 32666 Vice Chairman: Address: Director: **B. OFFICERS** President: JONATHAN GONTELL Address: 6844 NE ZZ5 St. Melrose FL 326600 Vice President: Secretary: Address: \_\_\_\_\_ Treasurer: Address: 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 11 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. JONATHAN F. GORTEL

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

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "KISLED, 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 EIGHTH DAY OF AUGUST, A.D. 2015.

4615261 8300

151139702

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2627978

DATE: 08-08-15

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