

F15000003951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

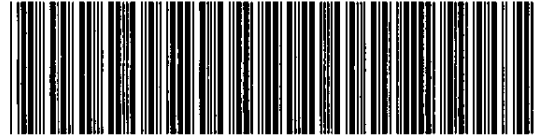
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 09 2015
J. HARRIS

00215 CIM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KICKA CO.

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:

CHRISTOPHER A BRISSON

	Name of Person
KICKA CO.	
	Firm/Company
1045 EAST ATLANTIC AVE SUITE 202	
	Address
DELRAY BEACH, FL 33483	
	City/State and Zip code
CHRIS@KICKACONFERENCE.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

CHRISTOPHER A BRISSON	at (561		800-4042	
Name of Person)	Area Code		Daytime Telephone 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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

CHRISTOPHER A BRISSON
1045 EAST ATLANTIC AVE SUITE 202
DELRAY BEACH, FL 33483

SUBJECT: KICKA CO.
Ref. Number: W15000051536

We have received your document for KICKA CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00015980

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 19 AM 10:48

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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.

KICKA CO.

1. _____
(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. DELAWARE _____ 3. 47-4377276 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 24, 2015 _____ 5. Perpetual _____
(Date of incorporation) (Date of duration, if other than 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. 1045 EAST ATLANTIC AVE SUITE 202, DELRAY BEACH, FL 33483 _____
(Principal office address)

(Current mailing address, if different)

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

Name: CHRISTOPHER A BRISSON _____

Office Address: 1045 EAST ATLANTIC AVE SUITE 202 _____

DELRAY BEACH _____, Florida 33483 _____
(City) (Zip code)

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TALLAHASSEE FLORIDA

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:

A. DIRECTORS

Chairman: CHRISTOPHER A BRISSON
Address: 1045 EAST ATLANTIC AVE SUITE 202
DELRAY BEACH, FL 33483

Vice Chairman: _____
Address: _____

Director: CHRISTOPHER A BRISSON
Address: 1045 EAST ATLANTIC AVE SUITE 202
DELRAY BEACH, FL 33483

Director: _____
Address: _____

B. OFFICERS

President: CHRISTOPHER A BRISSON
Address: 1045 EAST ATLANTIC AVE SUITE 202
DELRAY BEACH, FL 33483

Vice President: ANDREW ELLIS
Address: 28515 N. NORTH VALLEY PKWY #1123
PHOENIX, AZ 85085

Secretary: CHRISTOPHER A BRISSON
Address: 1045 EAST ATLANTIC AVE SUITE 202, DELRAY BEACH, FL 33483

Treasurer: CHRISTOPHER A BRISSON
Address: 1045 EAST ATLANTIC AVE SUITE 202, DELRAY BEACH, FL 33483

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TALLAHASSEE FLORIDA

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 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.

13. CHRISTOPHER A BRISSON
(Typed or printed name and capacity of person signing application)

Delaware

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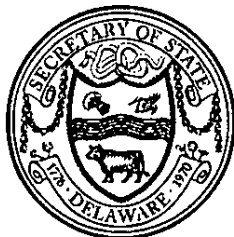
The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KICKA CO." 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 ELEVENTH DAY OF AUGUST, A.D. 2015.

5773160 8300

151154950

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2633051

DATE: 08-11-15