

F15000005055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

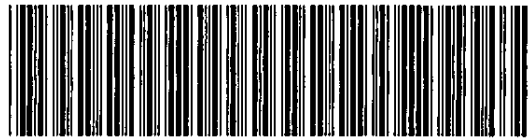
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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no 2nd page no cert

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08/10/15--01006--006 \*\*78.75

10/22/15--01014--010 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2015

MICHAEL HAMMOND KOLB  
4500 140TH AVENUE NORTH, SUITE 101  
CLEARWATER, FL 33762-3848

SUBJECT: KENSJIN CAPITAL CORPORATION  
Ref. Number: W15000054094

We have received your document for KENSJIN CAPITAL CORPORATION and your check(s) totaling \$157.50. However, the document has not been filed and is being retained in this office for the following:

**DO NOT SEND ANYMORE MONEY - GET DELAWARE SHORT FORM GOOD  
STANDING CERT. ON DELAWARE SECRETARY OF STATE WEBSITE -  
ORDER AND PAY FOR ECOPY**

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.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 015A00022531



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2015

MICHAEL HAMMOND KOLB  
4500 140TH AVENUE NORTH, SUITE 101  
CLEARWATER, FL 33762-3848

SUBJECT: KENSJIN CAPITAL CORPORATION  
Ref. Number: W15000054094

We have received your document for KENSJIN CAPITAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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.

COMPLETE THE ENTIRE FORM - LAST PAGE IS ENCLOSED, - *please*  
*sign.*

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00016962

## COVER LETTER

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

**SUBJECT:** Kensjin Capital Corporation

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:

Mr. M.D. Hammond Kolb (Michael)

Name of Person

Kensjin Capital Corporation

Firm/Company

4500 140th Avenue North, Suite 101

Address

Clearwater, FL 33762-3848

City/State and Zip code

Kensjincapital@mail.com

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

For further information concerning this matter, please call:

Michael Kolb at ( 727 ) 906-0699

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

**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. **Kensjin Capital Corporation**

(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**

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

3. **22-3922337**

(FEI number, if applicable)

4. **7/27/2015**

(Date of incorporation)

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. **4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848**

(Principal office address)

**4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848**

(Current mailing address)

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

Name:

**Michael Kolb**

Office Address:

**4500 140th Ave N. Ste. 101**

**Clearwater**

(City)

, Florida **33762**

(Zip code)

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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.*

 **Michael Kolb**

(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: M.D. Hammond Kolb

Address: 4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848

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

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

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

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

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

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

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TAMMASEE, FLORIDA

**B. OFFICERS**

President: M.D. Hammond Kolb

Address: 4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848

Vice President: M.D. Hammond Kolb

Address: 4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848

Secretary: M.D. Hammond Kolb

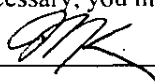
Address: 4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848

Treasurer: M.D. Hammond Kolb

Address: 4500 140th Avenue North, Suite 101, Clearwater, FL 33762-3848

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

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

 M.D. Hammond Kolb

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. M.D. Hammond Kolb,

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "KENSJIN CAPITAL CORPORATION" 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 NINTH DAY OF NOVEMBER, A.D. 2015.



5852251 8300

SR# 20150645561

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10352166

Date: 11-09-15