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TALLAHASSEE, FLORIDA

DEC 21 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
K.B.R., Inc.

SUBJECT: _____
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:

Chris Paff
Bob Keith

Name of Person

K.B.R., Inc.

Firm/Company

190 S. Orchard Ave., Suite A-200

Address

Vacaville, CA 95688

City/State and Zip code

chris.paff@rashcurtis.com
bob.keith@rashcurtis.com

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

For further information concerning this matter, please call:

Janet Lopez

888

315-0805

at (_____) _____

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

**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.

K.B.R., Inc.

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

K.B.R. of California, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 95-3193504

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/27/1977

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

~~190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688~~
6. _____ *Upon registration*
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688
(Principal office address)

(Current mailing address, if different)

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

Name: Incorp Services, Inc.
17888 67th Court North
Office Address: Loxahatchee, Florida 33470
(City) (Zip code)

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15 DEC 21 AM 7:10
SECRETARY OF STATE
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.

Sec attached

(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.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. K. B. R., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

K.B.R. of California, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 95-3193504

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/27/1977

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688
(Principal office address)

(Current mailing address, if different)

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

Name: Incorp Services Inc.

Office Address: _____

Loxahatchee, Florida 33470
(City) (Zip code)

15 DEC 21 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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.

Jackie DeFilippis Jackie DeFilippis on behalf of 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.

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

A. DIRECTORS

Terrence Paff

Chairman: _____

190 S. Orchard Ave., Suite A-200

Address: _____

Vacaville, CA 95688

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Terrence Paff

President: _____

190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688

Address: _____

Vice President: _____

Address: _____

Natasha L. Paff

Secretary: _____

190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688

Address: _____

Natasha L. Paff

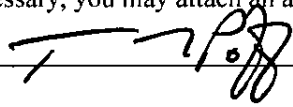
Treasurer: _____

190 S. Orchard Ave., Suite A-200, Vacaville, CA 95688

Address: _____

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.

Terrence Paff, President

13. _____

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

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15 DEC 21 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORION STATE LICENSING, INC.

December 7, 2015

VIA FEDEX COURIER DELIVERY

Florida Department of State
Registration Section, Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

Re: **K. B. R., INC. dba RASH CURTIS & ASSOCIATES**
Application by Foreign Corporation for Authorization to Transact Business
Application for Registration of Fictitious Name

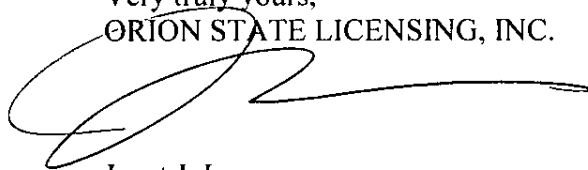
Dear Sir or Madam:

Enclosed please find herewith for filing the following items on behalf of the above-referenced applicant:

1. Company check #14034 in the amount of \$70.00 made payable to "Florida Dept. of State" for the Application for Foreign Corporation filing fee
2. Original signed Application for Foreign Corporation
3. Home state Certificate of Good Standing, dated within 90 days
4. Company check #14037 in the amount of \$50.00 made payable to "Florida Dept. of State" for the Application for Registration of Fictitious Name filing fee
5. Original signed Application for Registration of Fictitious Name – to be filed for approval for Foreign Corporation Application

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me at (850) 245-0805 or at janet@orionlicensing.com.

Very truly yours,
ORION STATE LICENSING, INC.



Janet J. Lopez
CEO

Enclosures
JJL:cp12072015

Tel (888) 315-0805 Fax (888) 315-0806 email JANET@ORIONLICENSING.COM
15615 ALTON PARKWAY, SUITE 450, IRVINE, CALIFORNIA 92618

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SECRETARY OF STATE
TALLAHASSEE FLORIDA