5/5/2017



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future T annual report mailings. Enter only one email address please.

Email Address:\_\_

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## FOREIGN PROFIT/NONPROFIT CORPORATION Kinems, Inc.

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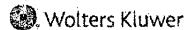
### **FAX COVER SHEET**

TO		
COMPANY		
FAXNUMBER	18506176383	
FROM	Ranae McGraw	
DATE	2017-05-05 13:17:57 CST	
RE	Kinems,inc.	

#### **COVER MESSAGE**

Kaity Toon Fulfillment Specialist Fulfillment Operations CT Corporation

Team (614) 280-3338 GlobaiFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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### **COVER LETTER**

TO:	Registration Se- Division of Cor							
SURI	ECT:		Kinems, In	iC.				
501		Name of	corporation	n - :	must include suffix			
Dear S	Sir or Madam:				A.,			
"Certi	ficate of Existenc		of Good St	andi	athorization to Transact ng" and check are subm in Florida.			
Please	return all corresp	ondence concernin	g this matt	er to	the following:			
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			Name o	f Pe	rson			
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·	Name of Perso	n	Area Co	odē	Daytime Telepho	one Num	3: 20 1000 1000 1000 1000 1000 1000 1000 1	
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Enclo	sed is a check for	the following amou	unt:					
<b>3</b> \$7	0,00 Filing Fee	S78.75 Filling Certificate of			\$78,75 Filing Fee & Certified Copy	Cer	.50 Filing Fee, tificate of Status & tified Copy	ž.

#### 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	<del>.</del> .
Delaware	. 3	99-0385757	•
September 24, 2	y under the law of which it is incorporated) 1014	(FEI number, if applicable)	<del></del>
(I)ate	of incorporation)	(Date of duration, if other than perpetual)	
	· NA		
		Florida, if prior to registration) 602, F.S., to determine penalty liability)	~-
	500 7th Avenue, F	loor 17A, New York, NY 10018	
	(Princip	al office address)	-
	c/o Michail Boloudakis 550 West 4:	5th Street, Apt. 2613, New York, NY 10036	
			154.1
	(Current mailir	ng address, if different)	Prop. Sc
Name and <u>stree</u> Name;	et address of Florida registered agent: (P.C C T Corporation System	ng address, if different)  ≥ ω.	2017 HAY
	ex address of Florida registered agent: (P.C	ng address, if different)  ≥ ω.	2017 HAY -5
Name;	ex address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	D. Box NOT acceptable)  D. Box NOT acceptable)	2
Name;	ex address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	D. Box NOT acceptable)  LCR AHLASS	t

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. Nan	nes and business addresses of officers and/or directors;			
A. DIR	ECTORS			
Chairman	Josh Reibel			•.
Address:	500 7th Avenue, Floor 17A, New York, NY 10018	· <del></del>	<del></del>	· :
		······································	<u></u>	· .
Vice Cha	irman:			•
				<b>.</b> .
	A¥.			_
Director:	Michail Boloudakis			
Address:	500 7th Avenue, Floor 17A, New York, NY 10018			
		4		•
Director:	Symeon Retalis			-
	500 7th Avenue, Floor 17A, New York, NY 10018			
			2-4-	
B. OFF				-
President	Michail Boloudakis	<u> </u>	·	_
	500 7th Avenue, Floor 17A, New York, NY 10018			
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Man Draw	sident:	Z X	23	
		LA	===	-
Aggress:		HET AS	YY	~ [
	Mark Haddad	38 58	2	
Secretary	c/o Foley Hoag LLP 155 Scaport Boulevard, Boston, MA 02210	<del></del>	ט	- [[
	Mishall Delaudabie	92	بہ	- <u> </u>
	500 7th Avenue, Floor 17A, New York, NY 10018	<u>∵ ;</u> ≽	Ö	_
Address:		on diseases	····	· <b>-</b>
	If necessary, you may attach an addendum to the application listing additional officers and/o	n unectors,	·	
	Signature of Director of Officer			
are true	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.	racts stated of State con	nerein istitutes	
	Michail Boloudakis, President			<b></b> '
eff; engagen	(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 "KINEMS, 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 FIFTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5289051 8300

SR# 20173154371

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

Authentication: 202493718

Date: 05-05-17