

F17000004479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

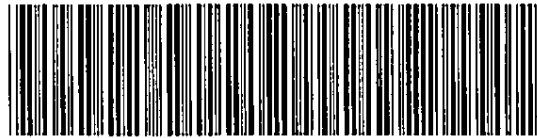
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
10/5/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

WILLIAM V. KREBS, SR.
POST OFFICE BOX 4003
CARY, NC 27519-4003 US

SUBJECT: KLS FINANCIAL SERVICES, INC.
Ref. Number: W17000078706

We have received your document for KLS FINANCIAL SERVICES, INC. and your check(s) totaling \$87.50. 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.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00020079

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLS Financial Services, Inc.

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:

William V. Krebs, Sr.

Name of Person

KLS Financial Services, Inc.

Firm/Company

P.O. Box 4003

Address

Cary, North Carolina 27519-4003

City/State and Zip code

VKrebs@SWSCapital.com

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

For further information concerning this matter, please call:

William V. Krebs, Sr.

at (919) 342-3723

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.*

1. KLS Financial Services, Inc.

(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. North Carolina

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

3. 82-2558422

(FEI number, if applicable)

4. August 10, 2017

(Date of incorporation)

5. N/A

(Date of duration, if other than perpetual)

6. None yet

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

7. 991 Aviation Boulevard Morrisville, NC 32569

(Principal office address)

P.O. Box 4003 Carv. North Carolina 27519-4003

(Current mailing address, if different)

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

Name: Robert A. McTyeire

Office Address: 369 W. Miracle Strip Parkway

Mary Esther

(City)

, Florida

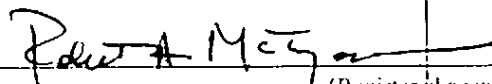
32569-1833

(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: William V. Krebs, Sr.

Address: 102 Weeping Beech Way

Cary, North Carolina 27518

Vice Chairman: TBD

Address: _____

Director: William V. Krebs, Sr.

Address: 102 Weeping Beech Way

Cary, North Carolina 27518

Director: TBD

Address: _____

B. OFFICERS

President: William V. Krebs, Sr.

Address: 102 Weeping Beech Way

Cary, North Carolina 27518

Vice President: TBD

Address: _____

Secretary: TBD

Address: _____

Treasurer: _____

Address: _____

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

12. William V. Krebs, Sr.

CEO

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. William V. Krebs, Sr. Chairman and CEO

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



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

KLS FINANCIAL SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of August, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of October, 2017.

Elaine F. Marshall

Secretary of State



Scan to verify online.



FAX COVER & REQUEST

TO: Judy

Florida Secretary of State/ Corporations/Filings
Fax # 850-245-6030

FROM: William V. Krebs, Sr./CEO
KLS Financial Services, Inc.

Judy,

Per our conversation, following please find a current "Certificate of Good Standing/Certificate of Existence" issued today by the Department of the Secretary of State for North Carolina. It is my understanding that this document will satisfy the remaining requirement for registration as a Foreign Corporation seeking to do business in the State of Florida.

Also per our conversation, please accept this message and document as your authority to remove any and all "Fictitious names" that might appear in our original application. Please amend that application to remove any names and to leave question 1B blank with no answer.

Thank you in advance for your help in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

William V. Krebs, Sr.



PO BOX 4003
CARY, NC
27519

PHONE 919-342-3723

EMAIL WVK@KLSFINANCIALSERVICE.COM

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