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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	≥ #)
PICK-UP	MAIT	MAIL
(Bt	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Sec				
	Division of Corp				
CUDI	KSE Flold	ings, Inc.			
SUBJ	ECT:	Name of cor	noration -	must include suffix	
		rame of cor	poración	must merade string	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		ood Stand	ing" and check are sub	et Business in Florida," mitted to register the
	return all corresponding	ondence concerning th	is matter (o the following:	
	-	N	lame of P	erson	<u> </u>
Keysto	one Synergistic Ente	rprises, LLC			
		Fi	rm/Comp	anv	
664 N	W Enterprise Dr., #1		,	•	
	***		Addres	<u> </u>	
Port St	Lucie, Florida 349	86	7 1007 02	.	
		City	//State and	d Zip code	
bryanti	@keystonehq.com				
		E-mail address: (to b	ne used fo	r future annual report r	otification)
For fu	rther information of	concerning this matter,	please ca	II:	
Leonard Riepe		4	404 322-6142		
	· 	at (
	Name of Person	Λ	rea Code	Daytime Telepl	none Number
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclos	sed is a check for t	he following amount:			
□ \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of State		\$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

"Inc.," "Co.," "C	Corp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting business in Florida)
Georgia	3	82-5031933
(State or count March 28, 2018	ry under the law of which it is incorporated)	(FEI number, if applicable)
		(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) (See Drive, #118, Port St. Lucie, Florida 34986)	2, F.S., to determine penalty liability)
	(Principal	office address)
	(Current mailing	address, if different)
	(Current mailing	, and the second
	(Current mailing et address of Florida registered agent: (P.O. Bryant Walker	Box NOT acceptable)
lame and <u>stree</u> Name:	et address of Florida registered agent: (P.O.) Bryant Walker	, and the second
Name:	et address of Florida registered agent: (P.O.	Box NOT acceptable)
	et address of Florida registered agent: (P.O. Bryant Walker 664 NW Enterprise Drive, #118	Box NOT acceptable)

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:

	ECTORS Bryant Walker		
Chairmar	664 NW Enterprise Drive, #118		
Address:	Port St. Lucie, Florida 34986		
Vice Cha	Raymond Walker		
	664 NW Enterprise Drive, #118		
	Port St. Lucie, Florida 34986		
Director:			
Director:			
			
B. OFF	Bryant Walker		-
	664 NW Enterprise Drive, #118		
Address:	Port St. Lucie, Florida 34986		
Vice Presi	Raymond Walker ident:		DIV ::
	664 NW Enterprise Drive, #118	AP.	SICRE
	Port St. Lucie, Florida 34986	70 -6	-25.
Secretary:		72	CDRF(
		23	7. 2.2
Treasurer:		<u> </u>	SKS
Address:			
The office are true as a third de	If necessary, you may attach an addendum to the application listing additional officers and/or director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.	ited here	in ites
13. <u>Brya</u> i	nt Walker		
	(Typed or printed name and capacity of person signing application)		

Control Number: 18038453

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KSE HOLDINGS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15720314
Date Inc/Auth/Filed: 03/28/2018
Jurisdiction : Georgia
Print Date : 04/03/2018

Form Number : 211



B: P. Kemp Secretary of State