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DATE: 4/17/18

NAME: KONK AI, INC

TYPE OF FILING: APPLICATION

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Konk Al, Inc.				
15000		of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t	of Good Star	iding" and check are sul		
Please Elisia N	return all correspondence concern Millett	ing this matter	to the following:		
		Name of	Person		
Hutchis	son, PLLC				
3110 E	dwards Mill Road, Suite 300	Firm/Com	pany		
		Addre	ess		
Raleigh	n. NC 27612				
emillett	@hutchlaw.com	City/State a	nd Zip code		
	·-	: (to be used t	or future annual report	notification)	
For fur	ther information concerning this n	natter, please o	eall:		
Elisia N	Aillett	919	829-4307		
	Name of Person	Area Cod	e Daytime Telep	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for the following amo	ount:			
S \$70	.00 Filing Fee		\$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.

Konk AI, Inc.			
	corporation; must include "INCORPORATED," . Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"
n/a			
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transaction	ng business in Florida)
Delaware 2.	3		
(State or count April 9, 2018	3	(FEI number, if applicable)	
	e of incorporation)	(Date of duration, if other	than perpetual)
6.			
4644 Hickory Sl	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 nores Blvd, Gulf Breeze, FL 32563		ity)
7	(Principal	office address)	· · · · · · · · · · · · · · · · · · ·
	(Current mailing	address, if different)	17 P
	ret address of Florida registered agent: (P.O. Paracorp Incorporated	Box NOT acceptable)	03. 0
Name: Office Address:	155 Office Plaza Drive, 1st Floor	_	10 OT
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
Having been nan designated in thi further agree to	gent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes rel familiar with and accept the obligations of i	nt as registered agent and ag ative to the proper and compl	ree to act in this capacity. The performance of my
<u>P</u>	lease see the attached		
	(Registered ago	ent'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 Dan Corlette Chairman: 4644 Hickory Shores Blvd, Gulf Breeze, FL 32563 Address: Vice Chairman: **B. OFFICERS** Dan Corlette President: 4644 Hickory Shores Blvd, Gulf Breeze, FL 32563 Address: _ Vice President: _____ __________ Address: _____ Gian Colombo Secretary: 4644 Hickory Shores Blvd, Gulf Breeze, FL 32563 Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Dan Corlette 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.

Dan Corlette, President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 04/17/2018

ENTITY NAME: Konk Al, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby 27, consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KONK AI, 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 SEVENTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KONK AI, INC."

WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202523818

Date: 04-17-18