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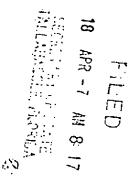
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					





900313025099

05/07/18--01029--014 **70.00



COVER LETTER

TO: Registration Section Division of Corporations			
K2 Solutions, Inc. SUBJECT:			
	orporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transactions."	Good Standi	ng" and check are submitted to register the	
Please return all correspondence concerning to Dana Blauch	his matter to	o the following:	
	Name of Pe	rson	
K2 Solutions, Inc.			
I	Firm/Compa	iny	
PO Box 690			
	Address		
Southern Pines, NC 28388			
Ci	ty/State and	Zip code	
licenses@k2si.com			
E-mail address: (to	be used for	future annual report notification)	
For further information concerning this matter	r, please cal	l:	
Dana Blauch	910	692-6898	
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 Sta		\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	"COMPANY," "CORPORATION	11
K2 Canine Solu	tions, Inc.			
(If name unavails	able in Florida, enter alternate corporate nam	ne i	adopted for the purpose of transacting	g business in Florida)
North Carolina 2.		3.	76-0741755	
9/17/2003	y under the law of which it is incorporated)	5.	(FEI number, if app Perpetual	•
	of incorporation)	J.	(Date of duration, if other t	than perpetual)
7	North, Southern Pines, NC 28387 (Prin		502. F.S., to determine penalty liability	y)
PO Box 690 Sou	thern Pines, NC 28388 (Current ma	ilir	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	
Name:	InCorp Services, Inc			8
Office Address:	17888 67th Court North			
	Loxahatchee		33470 , Florida	•
	(City)		(Zip code)	

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.

Jessica Chappell 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. DIRECTO	RS	
Lane	Kjellsen	
PO Bo	x 690 Southern Pines. NC 28388	
Vice Chairman:	Jim Lynch	
PO Bo	ox 690 Southern Pines, NC 28388	
Susan	Kjellsen	
PO Bo	x 690 Southern Pines, NC 28388	
Nancy	Mills-Smith	100
PO Bo	ox 690 Southern Pines, NC 28388	
Address: /		点 上 市
B. OFFICERS	S Lane Kjellsen	を 事 し
President:PO Bo	ox 690 Southern Pines, NC 28388	77
	President Jim Lynch	
	ox 690 Southern Pines, NC 28388	
Secretary:	etary Susan Kjellsen	
Address: PO Bo	ox 690 Southern Pines, NC 28388	Mr. 1
Treasurer: VP, 0	Operations Nancy Mills-Smith	
Address: PO Bo	ox 690 Southern Pines, NC 28388	····
	essary, you may altach an addendum to the application listing additional	officers and/or directors.
12. Acena	Signature of Director or Officer	
are true and tha	director signing this document (and who is listed in number 11 above) af the or she is aware that false information submitted in a document to the elony as provided for in s.817.155, F.S.	
Nancy Mill	s-Smith, VP Operations	

(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

K2 SOLUTIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of September, 2003, 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





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of April, 2018.

Elaine & Marshall

Secretary of State