

F19000000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

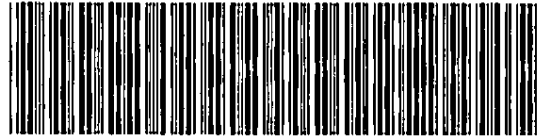
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2/19

COVER LETTER

TO: Registration Section
Division of Corporations
KLIXTERS INC.

SUBJECT: _____
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:
LISA ZAHORIAN

Name of Person
TAX & FINANCIAL STRATEGISTS LLC

Firm/Company
28089 VANDERBILT DR, SUITE 201

Address
BONITA SPRINGS, FL 34134

City/State and Zip code
LISA@WONDERTAX.COM

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

For further information concerning this matter, please call:

LISA ZAHORIAN 239 405-8395

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.*

KLIXTERS INC.

1. _____
(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. DELAWARE 3. 83-2638043

4. _____ 5. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/26/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

922 SE 14TH PLACE, CAPE CORAL, FL 33990
7. _____
(Principal office address)

(Current mailing address, if different)

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

TAX & FINANCIAL STRATEGISTS LLC

Name:

28089 VANDERBILT DR., STE 201

Office Address:

BONITA SPRINGS

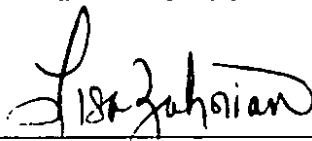
34134

_____, Florida _____
(City) (Zip code)

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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

MILO SEIDL

Chairman: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

MICHELLE SEIDL

Vice Chairman: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

MILO SEIDL

Director: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

MICHELLE SEIDL

Director: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

B. OFFICERS

MILO SEIDL

President: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

MILO SEIDL

Vice President: _____
922 SE 14TH PLACE

Address: _____
CAPE CORAL, FL 33990

MICHELLE SEIDL

Secretary: _____
922 SE 14TH PLACE, CAPE CORAL, FL 33990

Address: _____
MICHELLE SEIDL

Treasurer: _____
922 SE 14TH PLACE, CAPE CORAL, FL 33990

Address: _____

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

12. *M. Michelle Seidl* _____
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.

MICHELLE SEIDL, DIRECTOR & SECRETARY

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLIXTERS 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 TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLIXTERS INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7164427 8300

SR# 20188350252

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

Authentication: 204174091

Date: 12-26-18