

F900001468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

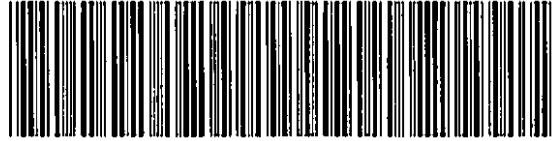
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/25/19--01008--010 **70.00

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2019 MAR 22 P 5:13

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3/28/19 OC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2019

MICHELLE HOFFMAN WROBEL
910 LITHIA PINECREST RD
BRANDON, FL 33511

SUBJECT: KIRKHAM SOLUTIONS INC.
Ref. Number: W19000024414

FILED
2019 MAR 22 P 13
TALLAHASSEE

We have received your document for KIRKHAM SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.
- ✓ 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 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 119A00005067

Spoke w/ Dionne by phone @ 2:20 PM 3/18/19
Corrections made

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRKHAM SOLUTIONS 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:

MICHELLE HOFFMAN WROBEL

Name of Person

WROBEL ACCOUNTING

Firm/Company

910 LITHIA PINECREST RD

Address

BRANDON, FL 33511

City/State and Zip code

MICHELLE@WROBELACCOUNTING.COM

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

For further information concerning this matter, please call:

KEVIN D. WROBEL, CPA

Name of Person

at (813) 514 - 8273

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. KIRKHAM SOLUTIONS 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. INDIANA 3. 82-5527796
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 11, 2018 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)

7. 32 SYCAMORE ST., BROWNSBURG, IN 46112
(Principal office address)

1646 QUINN CREEK DR., BROWNSBURG, IN 46112
(Current mailing address, if different)

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

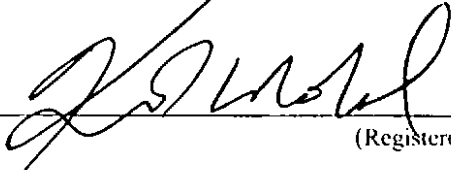
Name: KEVIN D. WROBEL, CPA

Office Address: 910 LITHIA PINECREST RD.

BRANDON, Florida 33511
(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.


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL KIRKHAM

Address: 1646 QUINN CREEK DR., BROWNSBURG, IN 46112

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. ☒  _____

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. MICHAEL KIRKHAM, PRESIDENT

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

FILED
2015 MAR 22 P 5:13
TALLAHASSEE, FL 32301

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

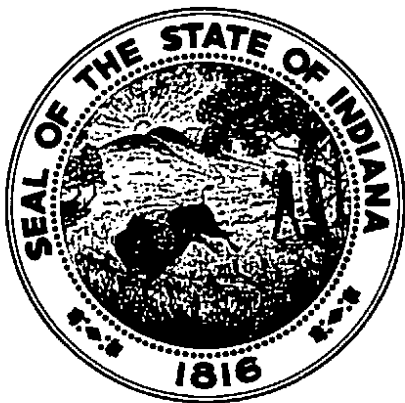
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KIRKHAM SOLUTIONS INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 11, 2018, and was in existence or authorized to transact business in the State of Indiana on March 18, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 18, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201805111257791 / 2019918372

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 17, 2019.

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MAR 22 P 5:13
CLERK OF SUPERIOR COURT
INDIANAPOLIS, INDIANA