

FI90000002503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

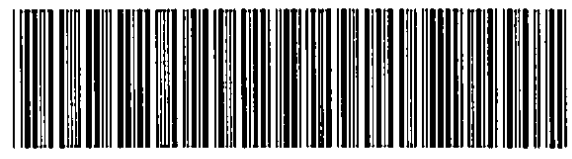
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Christopher requested
that I add a "."
after INC (5-30-19 @ 2:00)

Office Use Only



600329418946

05/17/19--01013--013 **70.00

2019 MAY 17 PM 4:36

B KINSEY
MAY 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATE OF KID 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:

Christopher A. DiSchino

Name of Person

DiSchino & Schamy, PLLC

Firm/Company

4770 Biscayne Blvd., Suite 1280

Address

Miami, Florida 33137

City/State and Zip code

christopher@dsnmiami.com

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

For further information concerning this matter, please call:

Christopher DiSchino

at (

786

581-2542

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.*

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. STATE OF KID 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. Delaware | 3. _____ |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) |
| 4. 03/02/2019 | 5. _____ |
| (Date of incorporation) | (Date of duration, if other than perpetual) |
| 6. May 14, 2019 | _____ |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7. 151 NE 41ST STREET, SUITE 219, MIAMI, FLORIDA 33137 | |
| (Principal office address) | |
| 4067 PARK AVENUE, MIAMI, FLORIDA 33133 | |
| (Current mailing address, if different) | |
| 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | |
| Name: | ALANA OXFELD |
| Office Address: | 151 NE 41ST STREET, SUITE 219 |
| | MIAMI |
| | 33137 |
| | , Florida |
| | (City) (Zip code) |
| 9. Registered agent's acceptance: | |
| <i>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.</i> | |
|  | |
| (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.

609100 17 00 6:36

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

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. ALANA OXFELD, PRESIDENT _____

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

STATE OF KID, INC.
B. OFFICERS (...CONTINUED)

NAME & ADDRESS

TITLE

ALANA OXFELD
151 NE 41ST STREET, UNIT 219
MIAMI, FLORIDA 33137

PVST

CHERYL GONZALEZ
151 NE 41ST STREET, UNIT 219
MIAMI, FLORIDA 33137

PVST

X

AK

Delaware

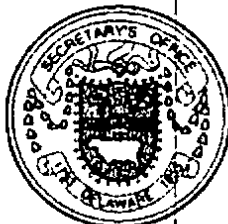
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STATE OF KID 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 FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STATE OF KID INC." WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 2019.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7260359 8300

SR# 20193852247

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

Authentication: 202817149

Date: 05-14-19