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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (954)208-0845
Em	ail Address:
Em.	FOREIGN PROFIT/NONPROFIT CORPORATION
Em	FOREIGN PROFIT/NONPROFIT CORPORATION Kent Design Build, Inc.
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B KINSEY

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.

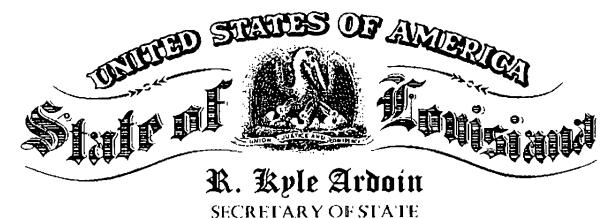
Kent Design Bu						
(Enter name of co "Inc.," "Co.," "Co	orporation; must inclu orp," "Inc," "Co," or "	de "INCORPORATED," "Corp.")	"COMPANY." "	CORPORATION,"		
(If name unavaila	able in Florida, enter a	illumate corporate name a	dopted for the pur	pose of transacting bu	siness in Florida))
Louisiana	iana 3. 72 - 1440 711 or country under the law of which it is incorporated) (FEI number, if appl			1440711		_
	y under the law of whi	ich it is incorporated)	(1	FIEL number, if applica	ible)	
3/22/1999		5.				
(Date of incorporation)			5. (Date of duration, if other tha			
j <u>.</u>						
	(Date fi (SEE SECTI	lest transacted business in IONS 607.1501 & 607.15	Florida, if prior to 2, F.S., to determ	registration) ine penalty liability)		
, 1875	HW 59	Mandevil	le LA	70448		
·		(Principa	d office address)			
					Do 1	}
		(Current mailin	g address, if differ	ent)		
						<u>.</u>
R. Name and stree		a registered agent: (P.C	. Box <u>NOT</u> acco	eptable)	<u>₩</u> –	- [.] .
Name:	C T Corporation S	iystom 	wa-man		清全 王	
Office Address:	1200 South Pine Is	sland Road			F 51	
Office Address.	Plantation	Plantation		, Florida <u>33324</u>		0 •
		(City)	(Zip code)	>	
Having been nun designated in this further auree to c	application, I here comply with the pro familiar with and a	gent and to accept serving the appointment of all statutes reserved the obligations of CT Corporation Services for the control of the control	nent as registere elative to the pro f my position as	d agent and agree to oper and complete pregistered agent.	to act in this ca performance of	pacity.
By:		or much to	Appletant C.	ary		

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.

._____

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	- %
Chairmun:	
Address:	
	····
Vice Chairman:	
Address:	
Director: Kyle Lee Kent	
Address: 1875 Hwy 59	· · · · · · · · · · · · · · · · · · ·
Manderville LA 70448	
Director:	
Address:	
B. OFFICERS	
President: Kyle Lee Kent	72 19
Address: 1875 Hwy 59	
Mandeville LA 70448	<u> </u>
Vice President:	
Address:	<u> </u>
	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Secretary:	P
Address:	
Freasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers 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 are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in \$.837.155, F.S. Provident	that the facts stated herein partment of State constitutes
. Flesidetil	
13. Kyle Lee Kent (Typed or printed name and capacity of person signing application)	



As Secretary of State of the State of Louisiana I do hereby Certify that

KENT DESIGN BUILD, INC.

A corporation domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on March 22, 1999,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 28 2019

/2 12 fe 162 Secretary of State



Certificate ID: 11093217#BFG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov