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U2/18/28---01034--008 **70.00

3/4/2

COVER LETTER

	O: Registration Section Division of Corporations						
SUBJEC	T. Kenyon Intern	ational Emergency Services	i, Inc.				
Name of corporation - must include suffix							
Dear Sir o	or Madam:						
"Certifica	te of Existence," of	by Foreign Corporation for "Certificate of Good St reporation to transact busi	anding"	and check are sub	ct Business in Florida," mitted to register the		
Please reti	urn all correspond	ence concerning this mat	er to the	following:			
Curly Han	na						
_		Name (of Perso	n			
Dossey &	Janes, PLLC						
		Firm/Co	mpany				
25025 14 5	North, Suite 575						
		Ad	dress				
The Wood	llands, Texas 77380						
		City/State	and Zij	code			
carly@dos	iscy.com						
	1	-mail address: (to be use	for fut	ure annual report r	otification)		
For furthe	r information cond	cerning this matter, please	call:		:		
Curly Hen	na	at (281	36	52-9909			
N	lame of Person	Area Co	ode	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314					
Picase mak		ollowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	578	TATE 75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status &		

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.

•	tional Emergency Services, Inc.	
	corporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	dupted for the purpose of transacting business in Florida)
Delaware	3.	
	ry under the law of which it is incorporated)	(FEI number, if applicable)
12/08/1995	5.	
	of incorporation)	(Date of duration, if other than perpetual)
01/01/2020		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	
612 Spring Hill I	Drive, Suite 180, Spring, Texas 77386	
		e street address)
	(Current mailing	address, if different)
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	LegalInc Corporate Services, Inc.	
ffice Address:	5237 Summerlin Commons Blvd, Suite 400	
1100 1100 -	Part Myers	, Florida 33907 (Zip code)
	(City)	(Zip code)
Registered ag	ent's acceptance:	formation of the phone stated comparation of the place
signated in this orther agree to c	application. I hereby accept the appointm	e of process for the above stated corporation at the place ent as registered agent and agrec to act in this capacity. I lative to the proper and complete performance of my duties ition as registered agent.
		Λ
	(Innous)	Luma)
_	(Registered agent's sig	mature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Robert A. Jensen e: 612 Spring Hill Drive, Suite 180 ng, Texas 77386	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Name: Brandon Jones Address: 612 Spring Hill Drive, Sc Spring, Texas 77386	iite 180
ng, Texas 77386	⊜ Director		ıite 180
	President	Spring, Texas 77386	
	□Vice President		
C) Treasurer			
C) 11603UJGI	Secretary	CTreasurer	
Other	DOther	(ClOther	
ıc:	☐ Chairman	Name:	
resa:	□Vice Chairman	Address:	
	Director		
	□President		
	□Vice President		
☐'Treasurer	Socretary	☐ Treasurer	
Other	Other	Other	
e:	□Chairman	Name:	
ess;	□Vice Chairman	Address:	 -
	Director		
	☐President		
···	∐Vice President		202p
☐ Treasurer	☐ Secretary	☐ Treasurer	
	Other	Other	
attachment to report more than six (6). The to the index when filing your Florida Depart Signature of Direct	attachment will be imaged tment of State Annual Re	I for reporting purposes only. Non-ind port form.	exed ===================================
	c: Treasurer UOther attachment to report more than six (6). The	Ovice Chairman Ovice Chairman Ovice President Ovice President Ovice President Ovice President Ovice President Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Ovice President Ovice President	Ovice Chairman Address: Ovice Chairman Address: Ovice President Ovice President Ovice President Ovice President Ovice President Ovice President Ovice Ovice President Ovice Ovice President Ovice Ovice Chairman Address: Ovice Chairman Address: Ovice Chairman Address: Ovice President Ovice President

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KENYON INTERNATIONAL EMERGENCY

SERVICES, 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

SEVENTH DAY OF FEBRUARY, A.D. 2020.



Authentication: 202342143

Date: 02-07-20



State of Delaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8315859 DOSSEY & JONES, PLLC 25025 I45 NORTH, SUITE 575 THE WOODLANDS, TX 77380

02-07-2020

ATTN: CARLY HANNA

DESCRIPTION		AMOUNT
2569803 - KENYON INTERNATIONAL EMERGENCY SERVIC Entity Status - Short Form	CES, INC.	
	Certification Fee	\$50.00
	Expedite Fee, Same Day	\$50.00
	TOTAL CHARGES	\$100.00
	TOTAL PAYMENTS	\$100.00
	BALANCE	\$0.00

2028 FEB 18 ATTH: 3