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Business Entity Name)	05/04/2001018022 ★★78.75
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Certified Copies Certificates of Status	
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	JUN 4 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations

Kingfield Corporation SUBJECT:

Name of corporation - must include suffix

Dear Sir or Madam:

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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 al

Certificate of Status

Please return all correspondence concernit	ng this matter to) the following:			
Stacey Nowak, CFO					
	Name of Pe	rson			
Kingfield Corporation					
	Firm/Comp.				
11 Muscovy Drive					
• •	Addres				
1	Addres				
Litchñeld, NH 03052					
	City/State and	Zip code			
stacey.nowak@kingfieldcorp.com					
E-mail address	: (to be used for	future annual report notification)			
		-			
E-mail address For further information concerning this m		-			
For further information concerning this matching	atter, please cal	l:			
For further information concerning this matching	atter, please cal	l:			
For further information concerning this matching	atter, please cal	-			
For further information concerning this m Stacey Nowak Name of Person	atter, please cal at (<u>603</u> Area Code	566-9551 Daytime Telephone Number			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS	atter, please cal at (<u>603</u> Area Code	1: <u>566-9551</u> Daytime Telephone Number MAILING ADDRESS:			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS Registration Section	atter, please cal at (<u>603</u> Area Code	1: <u>566-9551</u> Daytime Telephone Number MAILING ADDRESS: Registration Section			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS	atter, please cal at (<u>603</u> Area Code	1: <u>566-9551</u> Daytime Telephone Number <u>MAILING ADDRESS</u> : Registration Section Division of Corporations			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee	atter, please cal at (<u>603</u> Area Code S:	1: <u>566-9551</u> Daytime Telephone Number <u>MAILING ADDRESS:</u> Registration Section Division of Corporations P.O. Box 6327			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS Registration Section Division of Corporations	atter, please cal at (<u>603</u> Area Code S:	1: <u>566-9551</u> Daytime Telephone Number <u>MAILING ADDRESS</u> : Registration Section Division of Corporations			
For further information concerning this mass Stacey Nowak Name of Person STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	atter, please cal at (<u>603</u> Area Code S:	1: <u>566-9551</u> Daytime Telephone Number <u>MAILING ADDRESS:</u> Registration Section Division of Corporations P.O. Box 6327			
For further information concerning this master Stacey Nowak Name of Person STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	atter, please cal at (<u>603</u> Area Code S:	1: <u>566-9551</u> Daytime Telephone Number <u>MAILING ADDRESS</u> : Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			

Certified Copy

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.

Kingfield Corpo		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Delaware	3.	81-1144679
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
12/22/2015	-	Perpetual
(Date	5. : of incorporation)	(Date of duration, if other than perpetual)
11/4/2018		
	(SEE SECTIONS 607.1501 & 607.1 Drive, Maples, FL 34103	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) fice <u>street</u> address)
		ing address, it different)
3. Name and <u>stree</u> Name: Office Address:	<u>et address</u> of Florida registered agent: (P.) <u>Craig Welch</u> 577 Park Shore Drive Naples (City)	O. Box <u>NOT</u> acceptable)
	(C-ny)	(21) (000)
9. Registered ag	ent'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.

.

A. DIRECTORS			
⊒Chairman	Craig Welch Name:	□Chairman	John Rodefeld Name:
⊂Vice Chairman	577 Park Shore Drive	⊡Vice Chairman	Address:
Director	Naples, FL 34103	Director	Port Jefferson, NY 11777
President		⊡President	
□Vice President		□Vice President	
∐'Secretary	Treasurer	□Secretary	OTreasurer
C Other	①Other	Co-Found	ter DOther
⊡Chairman	Matt Gorin	二Chairman	Name: <u>Mark Casady</u>
	475 Park Avenue South	⊡Vice Chairman	One Kendall Square
Director	New York, NY 10016	Director	Cambridge, MA 02139
DPresident		□ President	
□Vice President		⊡Vice President	
ESecretary	Treasurer	Secretary	Treasurer
Other	Other	□01her	
C Chairman	Name:	🗆 Chairman	Name:
	Address:		
			Address:
DPresident		President	
□Vice President		□Vice President	
	Treasurer	Secretary	Treasurer
□0ther	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Craig Welch, President

•

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINGFIELD CORPORATION" 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 TWENTIETH DAY OF MAY, A.D. 2020.



Jeffrey W. Bullock, Secretary of SLate

Authentication: 202965993 Date: 05-20-20

5916149 8300

SR# 20203782876 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 7, 2020

STACEY NOWAK, CFO **KINGFIELD CORPORATION 11 MUSCOVY DRIVE** LITCHFIELD, NH 03052

SUBJECT: KINGFIELD CORPORATION Ref. Number: W20000045320

We have received your document for KINGFIELD CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 120A00009377

RECEIVED

JUN 2 7070

www.sunbiz.org

Division of Com DO DOV 6207 Tallahanna Florida 20214