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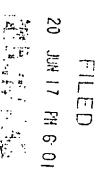
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
delle





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### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Kovo Inc.					
	ame of corporatio	n - must i	nclude suffix		
Dear Sir or Madam:					
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence," or "Certification of the Existence of Existence of the Existence of Existe	ficate of Good Sta	ınding" an	d check are subn		
Please return all correspondence con	ceming this matte	er to the fo	ollowing:		
Nimit Jain					
	Name of	f Person			
Kovo					
.,	Firm/Cor	mpany			
7901 4th St N STE 300					
	Add	ress			
St. Petersburg, FL 33702					
	City/State	and Zip co	ode	76-tg 0	
admin@kovocredit.com					77
E-mail ad	dress: (to be used	for future	annual report no	otification)	M
For further information concerning t				117	O
Nimit Jain	at ( 332	333-	1096		
Name of Person	Area Co	de	Daytime Teleph	one 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			
	DA DEPARTMEN	□ \$78.75	TE Filing Fee & ed Copy	\$87,50 Filing Fee Certificate of Sta 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.

Kovo Inc.					
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	On,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transac	ting business in Florida)		
2. Delaware	3	84-3574556			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 10/22/2019	5	N/A			
(Date	e of incorporation) 5	(Date of duration, if other	er than perpetual)		
6. N/A					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration)	silite		
275 5th St #415		1502, F.S., to determine penalty had	onity)		
7,	San Francisco, CA 94103 (Principal of	fice street address)			
7901 4th St N S'	FE 300, St. Petersburg, FL 33702	nec serect address/			
		ing address, if different)	20 55		
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	Northwest Registered Agent LLC		1 5 m		
Office Address:	7901 4th St N STE 300		<del>72</del> □ ‰ 6		
	St. Petersburg	, Florida 33702	2		
	(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.



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	Name:	Chairman	Charles Li  7901 4th St N STE 300  Address: St. Petersburg, FL 33702		
□Vice Chairman	Address:	□Vice Chairman			
Director	St. Petersburg, FL 33702	Director			
President		<b>■</b> President			
■ Vice President		■Vice President			
Secretary	Treasurer	■ Secretary		Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		☐ Director			
□President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	□Secretary		☐Treasurer	
□Other	Other	Other	<del></del>	☐Other	
				20 : : :	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President		(A) (B) (B)	
□Vice President		□ Vice President			
□Secretary	□Treasurer	☐ Secretary		☐Treasurer	
□Other	Other	□Other		□Other	
	Use an attachment to report more than six (6). The added to the index when filing your Florida Deparation	artment of State Annual Re	eport form.		
(	Signature of Direct	etor or Officer			
	ctor signing this document (and who is listed in nucles information submitted in a document to the Do				

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KOVO 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 FIFTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOVO INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203108168

Date: 06-15-20