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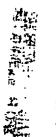
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KC Solutions, Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Nathan A. Adams, IV, Esq.	
Name	of Person
Holland & Knight LLP	
	ompany
315 S. Calhoun St., Suite 600	
Ad	dress
Tallahassee, FL 32301	
City/Stat	e and Zip code
kitcoleman@dancofinancial.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
Nathan Adamsat 850	Ode Daytime Telephone Number
Name of Person Area C	Code Daytime Telephone 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 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	CNT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

corgia	_ 06-1	ted for the purpose of transacting bus	•
tate or count	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
cember 12, 2	002		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
larch 20			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.)		
Wynnewood	Ct SW, Powder Springs GA 30127		
	(Principal office st	reet address)	
	(Current mailing ad	dress, if different)	
		ov NOT pagantable)	41.5 °°.
me and <u>sue</u>	et address of Florida registered agent: (P.O. Bo CT Corporation	ox <u>NOT</u> acceptable)	ر 1971 مو 1971 م
Name:		_	es b
e Address:	1200 S. Pine Island Road	_	ता है। ए र क
	Plantation	, Florida 33324	ir.
	(City)	(Zip code)	47 20
			•
wirtana a	contin assesses		
	ent's acceptance: ned as registered agent and to accept service o	f process for the above stated corp	poration at the p

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	Christopher Coleman	□Chairman	Name:		
	645 Wynnewood Ct SW Address:	□Vice Chairman	Address:		
Director	Powder Springs, GA 30127	□Director			
■ President		□President			
□Vice President		□Vice President			
□ Secretary	☐ Treasuter	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
□ Chairman	Name:	☐Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
□President		□President			-
□Vice President		□Vice President		12 4th CD	-
□ Secretary	□Treasurer	☐ Secretary		☐Treasurer 📜 💆	
□Other		□Other		Other D	17.
□ Chairman	Name:	□Chairman	Name:	## OF OF	
□Vice Chairman	Address:	□Vice Chairman	Address:	• +	-
Director		Director			-
President		□President			_
□Vice President		□Vice President			_
Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other	-
Important Notice individuals may	Use an attachment to report more than six (6). The article added to the index when flying your Florida Departs	ment of State Annual i	кероп юпи.		
12	Signature of Directo	r or Officer			_
The officer or di she is aware that s.817.155, F.S.	rector signing this document (and who is listed in num false information submitted in a document to the Dep	iber 11 above) affirms artment of State const	that the facts sta itutes a third deg	ated herein are true and that he o gree felony as provided for in	भ

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

Control Number: 0261962

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KC SOLUTIONS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19291305
Date Inc/Auth/Filed: 12/12/2002
Jurisdiction : Georgia
Print Date : 07/27/2020

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State