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COVER LETTER

-	stration Section ion of Corporations					
SUBJECT:	Kesin Pharma Corporation					
ocourci.	Name	of corporation	- must	include suffix		
Dear Sir or M	adam:					
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	of Good Stan	ding" ai	nd check are sub		
Please return	all correspondence concern	ing this matter	to the f	ollowing:		
Jeffrey Sherma	ın					
		Name of	Person			
		Firm/Con	pany			
3874 Tampa R	oad		•			
		Addre	288			
Oldsmar, Fl 3-	4677					
		City/State a	nd Zip c	ode		
shrmlw@cs.co						
	E-mail addres	s: (to be used f	or futur	e annual report n	otification)	757
For further in	formation concerning this r	natter, please c	all:			22
jeff Sherman		at (813	855-	0700		(2)
Nam	e of Person	Area Cod	 u	Daytime Telepl	hone Number	— 7]
Regis Divis The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	\ <u>@</u> = 1
	check for the following am eck payable to: FLORIDA D ing Fee	EPARTMENT 1g Fee &	3 \$78.75	ATE 5 Filing Fee & ied Copy	S87.50 Fi Certificat Certified	e 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.

Kesin Pharma C	Corporation		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	- -
	sin Pharma CArizona		· <u>·</u> · · · · · ·
(If name unavail	able in Florida, enter alternate corporate name ad		•
Arizona	3.	84-375705 (FEI number, if applica	7
(State or countr	y under the law of which it is incorporated)	(FEI number, if application	able)
11/20/2019	5.		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
1907 E Universita	y Dr. Ste 101, PHOENIX, AZ, 85034	r.s to determine penanty hability)	
	·		- <u>-</u>
	(Principal office	street address)	
1907 E Universit	y Dr, Ste 101, PHOENIX, AZ, 85034		
	(Current mailing a	address, if different)	
			22
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	- =
. 1	Jeffrey Sherman		
Name:			່ວ
ce Address:	3874 Tampa Road		:
	Oldsmar	, Florida 34677	\ <u>.</u> 0 _=
	(City)	(Zip code)	

egistered agent's acceptance:

ng been named as registered agent and to accept service of process for the above stated corporation at the place nated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I er agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

tached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to partment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction he law of which it is incorporated.

□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	11052 East Cinder Cone Trail,	Director	11052 East Cinder Cone Trail.	
□President	SCOTTSDALE, AZ, 85262,	□President	SCOTTSDALE, AZ, 85262,	
□Vice President		□Vice President		
☐Secretary	□Treasurer	Secretary	□Treasurer	
Other	Other	Other	Other	
'Chairman	Peter Sullivan	□Chairman	Steven Esposito Name:	
Vice Chairman	Address:	□Vice Chairman	Address:	
Director	11052 East Cinder Cone Trail,	□Director	11052 East Cinder Cone Trail, SCOTTSDALE, AZ, 85262,	
resident	SCOTTSDALE, AZ, 85262,	□President		
ice President		■Vice President		
ecretary	□Treasurer	□Secretary	□Treasurer	
her	Other	□Other	Other	
iirman	Name:	□ Chairman	Name:	
: Chairman	Address:	□Vice Chairman	Address:	
ctor		□Director	1	
dent		□President		
President		□Vice President	<u></u>	
ary	□Treasurer	☐ Secretary	☐ Treasurer	
	□Other	□Other	Other	
Notice: Is may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar Signature of Direct	tment of State Annual Re	l for reporting purposes only. Non-indexed port form.	

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 that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 7.S.

Carollo, Director

A. DIKECTORS





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Kesin Pharma Corporation

ACC file number: 23038805

was incorporated under the laws of the State of Arizona on 11/20/2019;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 10/21/2020.

mallher rent

Matthew Neubert, Executive Director

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