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(Re	equestor's Name)	
(Ad	(dress)	-
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. (Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	KAD, INC.			
0000000	Name o	of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o		of Good Stand	authorization to Transact Business in Fling" and check are submitted to registes in Florida.	
Please return	all correspondence concerni	ng this matter t	o the following:	
Mireille M. M	akhoul			
		Name of P	erson	
Murphy Reid,	LLP			
		Firm/Comp	any	
11300 U.S. Hi	ghway One, Suite 401			
		Addres	SS	_
Palm Beach G	ardens, FL 33408			
		City/State an	d Zip code	
mmakhoul@n	nurphyreid.com			20
	E-mail address	: (to be used fo	r future annual report notification)	
For further in	formation concerning this m	atter, please ca	11:	-
Mireille M. M	akhoul	at (355-8800	:
Nam	e of Person	Area Code	Daytime Telephone Number	
				7 c
Regis Divis The C 2415	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	
	check for the following amoreck payable to: FLORIDA DI ing Fee \$78.75 Filin Certificate of	EPARTMENT (g Fee &	\$78.75 Filing Fee & S87.50 Fi	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.

l. KAD, INC.					
(Enter name of co	orporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	D," "C	OMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nan	ne adop	ted for the purpose of transacting bu	siness in Florida)	
Delaware		3 52-2067206			
	y under the law of which it is incorporated)	(FEI number, if applicable)		able)	
10/29/1997	:	5. <u>per</u>	petual		
	of incorporation)		(Date of duration, if other than perpetual)		
n/a					
. 3825 PGA Blvd.,	(Date first transacted business (SEE SECTIONS 607.1501 & 607 Ste 1005, Palm Beach Gardens, FL 33410				
•		office <u>st</u>	reet address)	· · · · · · · · · · · · · · · · · · ·	
	(Current mai	ling ad	dress, if different)	F-3	
				787 FT	
. Name and stree	et address of Florida registered agent: (P	P.O. Bo	x NOT acceptable)		
Name:	Karl C. Saunders		-	<u> </u>	
Office Address:	3825 PGA Blvd., Ste 1005	_	-	- 	
	Palm Beach Gardens		, Florida 33410	· : o]	
	(City)		(Zip code)	ر ن	

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.

Rail C Vamolen
(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	Name: Amin J. Khoury	□Chairman	Name: Amin C. Khoury	
□Vice Chairman	Address:	□Vice Chairman	Address: 3825 PGA Blvd., Ste 1005	
Director	Palm Beach Gardens, FL 33410	■Director	Palm Beach Gardens, FL 33410	
■President		□President		
□Vice President		■Vice President		
☐ Secretary	□Treasurer	■ Secretary	Treasurer	
□Other	□Other	□Other	Other	
□ Chairman	David N. Khoury	□ Chairman	Name:	
□Vice Chairman	3825 PGA Blvd., Ste 1005			
	Address: Palm Beach Gardens, FL 33410		Address:	
Director		□Director		
□President	<u> </u>	□President		
■ Vice President		□Vice President		
□ Secretary	■ Treasurer	☐ Secretary	□Treasurer	
□Other	□()ther	□Other	□ Other	
			Name:	
□ Chairman	Name:	□Chairman	Name: ————	
☐ Vice Chairman	Address:	□Vice Chairman	Address: 1	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	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 tiling your Florida Department of State Annual Report form. 12.				
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 c				

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.

Amin C. Khoury, Vice President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KAD, 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 THIRD DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAD, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 1997.

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

2021 F. -1 F. 11. 1



Authentication: 202430560

Date: 02-03-21