

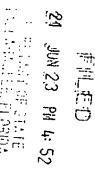
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06/23/21--01016--014 **70.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KPOKOS FLTT	inc.
Name of corporation - m	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the
Please return all correspondence concerning this matter to the	ne following:
Taki Kastani Name of Perso	<u>s</u> s
Name of Person	on
KPOKOS FL III Ir	\c .
Firm/Company	
17 W 729 A ROOSEVELL	Rd
Address	
Oakbrook Terrace, IL	60181
City/State and Zi	p code
JPSales+axgroup@premier+o E-mail address: (to be used for fu	ixes.com
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Taki Kastanis al(1030)	(027-5250)
Taki kastanis at (630) Name of Person Area 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
- I	STATE .75 Filing Fee & S87.50 Filing Fee. tified 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.

(If name unavail	orp," "Inc," "Co," or "Corp,") able in Florida, enter alternate corporate name a			
State or country under the law of which it is incorporated)		(FEI number if applicable)		
. <u>5/28/2021</u> 5. (Date of incorporation)		(Date of duration if other than perputual)		
·	•	(1	perperunt)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liabilit	(y)	
218 Cle	matic St. West Paim	Beach, FL 334	401	
	matis St. West Palm (Principal offic	e <u>street</u> address)		
	29 A ROOSEVEH Rd O	address, if different)		
Name and stree	<u>t address</u> of Florida registered agent: (P.O.			
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name: fice Address: Registered age	Taki Kastanis 218 Chematis St West Palm Beach (City)	Box NOT acceptable)	FILED 21 JUN 23 PM 31 NOTICE OF ST	
Name: ffice Address: Registered age aving been nam signated in this rther agree to co	t address of Florida registered agent: (P.O.	Box NOT acceptable)	21 Jun 23 PM La the pla	
Name: ffice Address: Registered age aving been namesignated in this orther agree to co	Taki Kastanis 218 Clematis St West Palm Beach (City) ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointment of the provisions of all statutes researces.	Box NOT acceptable)	21 Jun 23 Par La the pla corporation to the pla e to det in the pla	

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: TAKI KASTANIS	□Chairman	Name:
□Vice Chairman	Address: 218 Clematis St.	□Vice Chairman	Address:
□Director	West Palm Beach, FL 33401	□Director	
President	TAKI KASTANIS	□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	- 10
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	□Other	Other
□Chaπman	Name:	□Chairman	Name:
[] Vice Chairman	Address:	□ Vice Chairman	Address:
Li vice chamilan			
Director		Director	
□Director		Director	
□Director		□ Director □ President	
□ Director □ President □ Vice President	□Treasurer	□ Director □ President □ Vice President	□Treasurer
☐Director ☐President ☐Vice President ☐Secretary ☐Other ☐mportant Notice: U	□Treasurer □Other Use an attachment to report more than six (6). The attack added to the index when filing your Florida Departmen	□ Director □ President □ Vice President □ Secretary □ Other ment will be imaged tof State Annual Rep	☐ Treasurer ☐ Other I for reporting purposes only. Non-indexed port form.
☐Director ☐President ☐Vice President ☐Secretary ☐Other ☐mportant Notice: U	□Treasurer □Other Use an attachment to report more than six (6). The attack added to the index when filing your Florida Departmen	□ Director □ President □ Vice President □ Secretary □ Other ment will be imaged tof State Annual Rep	☐ Treasurer ☐ Other I for reporting purposes only. Non-indexed port form.
☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other Important Notice: Undividuals may be 12.	□ Treasurer □ Other Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department Signature of Director of the signing this document (and who is listed in number se information submitted in a document to the Department.	□ Director □ President □ Vice President □ Secretary □ Other ment will be imaged tof State Annual Report of	☐ Treasurer ☐ Other I for reporting purposes only. Non-indexed port form.
□ Director □ President □ Vice President □ Secretary □ Other Important Notice: Undividuals may be 12. □ The officer or direct she is aware that fall	□ Treasurer □ Other Use an attachment to report more than six (6). The attached added to the index when filing your Florida Department Signature of Director of the signing this document (and who is listed in number se information submitted in a document to the Department of	□ Director □ President □ Vice President □ Secretary □ Other ment will be imaged tof State Annual Report of State Annual Report of State constituted.	☐ Treasurer ☐ Other I for reporting purposes only. Non-indexed port form. If the facts stated herein are true and that he or es a third degree felony as provided for in

File Number

7330-226-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KPOKOS FL III INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 2021. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH

day of

JUNE

A.D.

2021

Authentication #: 2116703160 verifiable until 06/16/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE