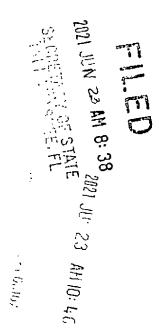
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 863977 7578406

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE: June 15, 2021

ORDER TIME : 11:15 AM

ORDER NO. : 863977-010

CUSTOMER NO: 7578406

FOREIGN FILINGS

NAME: KONRAD GROUP LTD

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:



June 30, 2021

CSC

SUBJECT: KONRAD GROUP LTD Ref. Number: W21000091756

We have received your document for KONRAD GROUP LTD. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 321A00014407

Suzanne Hawkes Regulatory II

www.sunbiz.org

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.

1. KONRAD GRO			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
KONRAD	GROUP LTD CORP.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
2. DELAWARE 3.		82-3728383	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12-15-2017	5.	PERPETUAL	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
5. DATE OF FILE	NG		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 700 S. ROSEMA	RY AVE., STE 204-129, WEST PALM BEAG	CH, FL 33401	
	(Principal offi	ce street address)	
700 S. ROSEMA	ARY AVE., STE 204-129, WEST PALM BEA	CH, FL 33401	S
	(Current mailin	g address, if different)	弱って T
8. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	JUN Z3 M 8: 38
Name:	CORPORATION SERVICE COMPANY		海 星
Office Address:	1201 HAYS ST.		EST S
	TALLAHASSEE, FL	, Florida	LIE 8
	(City)	(Zip code)	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointn omply with the provisions of all statutes re with and accept the obligations of my pos	nent as registered agent and agree to act elative to the proper and complete perfoi	in this capacity. I
_	Jeff Dudwoise (Registered agent's si	onature)	
_	(Registered agent's si	gnature)	

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	j		
□ Chairman	Name:	. OChairman	Name:
□Vice Chairman	Address: 469 KING ST. WEST	□Vice Chairman	Address:
Director	STE. 200	□Director	STE. 200
■ President	TORONTO, ONTARIO	□President	TORONTO, ONTARIO
□ Vice President	CANADA M5VIK4	□Vice President	CANADA M5V1K4
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	■Other	Other
□Chairman	Name: WILLIAM KONRAD	□Сһаігтал	Name:
□Vice Chairman	Address: 469 KING ST. WEST	□ Vice Chairman	Address:
Director	STE. 200	□Director	
□President	TORONTO, ONTARIO	□ President	
□ Vice President	CANADA M5V1K4	□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□Dir e ctor		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer
□Other	Other	□ Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep.	artment of State Annual Rep	oort form.
12	Signature of Dire	ctor or Officer	
The officer or direct the is aware that fals s.817.155, F.S.	or signing this document (and who is listed in nusce information submitted in a document to the D	imber 11 above) affirms that	t the facts stated herein are true and that he or
13	George Konra		
	(Typed or printed name and capacity of	person signing application)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KONRAD GROUP LTD." 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 FOURTEENTH DAY OF JUNE, 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 "KONRAD GROUP"

LTD." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 203439581

Date: 06-14-21

6664632 8300 SR# 20212440299

KONRAD GROUP LP

700 S. Rosemary Ave., Ste. 204-129 West Palm Beach, FL 33401

June 14, 2021

Florida Dept. of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Use of Name "Konrad Group Ltd."

To Whom it May Concern:

Please be advised that the undersigned hereby grants consent to the use of the name "Konrad Group Ltd." in the State of Florida.

KONRAD GROUP LP

By: Konrad Group Ltd., General Partner

By: All.

Name: George Konrad

Title: President