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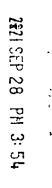
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	 e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

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COVER LETTER

	on Section of Corporations						
SUBJECT:	K. Miller Asso	ciates, Inc.					
SUDJECT:	Name	of corporat	ion - n	ıus	t include suffix	•	
Dear Sir or Madai	n:						
"Certificate of Ex	plication by Foreign C istence," or "Certificat foreign corporation to	e of Good S	tandin	g"	and check are subi		
Please return all c	orrespondence concerr	ning this ma	tter to	the	following:		
Kris Miller							
		Name	of Per:	sor	1		
K. Miller Ass	sociates Inc						
533 La Penin	sula Blvd	Firm/C	ompan	ij			
		Ac	ldress				783
Naples, FL 34	1113						138 1887
		City/Stat	e and 2	Zip	code		
kmillercrna@	gmail.com						6 0 .
	E-mail addres	s: (to be use	ed for f	uti	ire annual report n	otification)	3
For further inform	nation concerning this r	natter, pleas	se call:				5. 5 .
Kris Miller		at (73	i4)		755-9998		
Name of	Person	Area C	Code		Daytime Teleph	ione Number	•
Registrati Division o The Centr 2415 N. N	COURIER ADDRES on Section of Corporations re of Tallahassee Monroe Street, Suite 81 ee, FL 32303				MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
	ck for the following ampayable to: FLORIDA Defection Fee	DEPARTME ng Fee &	□ \$7	78.	FATE 75 Filing Fee & ified Copy	Certifi	Filing Fee, cate of Status & ed 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	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
Michigan	3	20-8247304	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
01/16/2007			
		(Date of duration, if other th	an perpetual)
01/01/2022	:		
533 La Per	insula Blvd, Naples, FL 34113 (Principal offic	e <u>street</u> address)	
	,		
	Comment	addense (Cdiffrent)	
Name and stree Name: ffice Address:	(Current mailing et address of Florida registered agent: (P.O. Kris Miller 533 La Peninsula Blvd	g address, if different) Box <u>NOT</u> acceptable)	SEP 28 PH 3: 54
Name:	Et address of Florida registered agent: (P.O. Kris Miller 533 La Peninsula Blvd		P 28

9. Registered agent's acceptance:

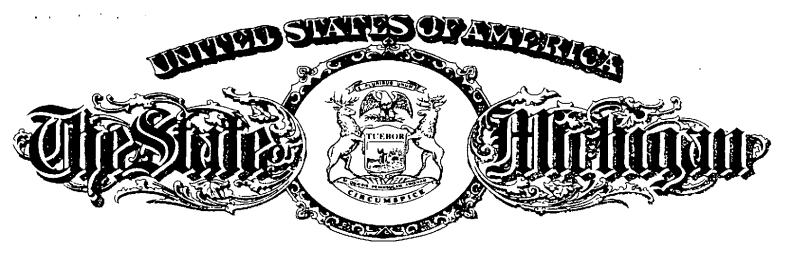
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative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

(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: Kris Miller	□ Chairman	Name:			
□Vice Chairman	Address: 533 La Peninsula Blvd	□Vice Chairman	Address:			
□Director	Naples, FL 34113	□Director				
(XPresident		□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				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	☐ Secretary	Treasurer.			
□Other	□ Other	Other				
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director	;÷ , 5			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□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 filing your Florida Department of State Annual Report form. 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 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.





Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That

K. MILLER ASSOCIATES, INC.

was validly incorporated on January 16, 2007, as a Michigan nonprofit corporation, and said corporation filed restated articles of incorporation as a DOMESTIC PROFIT CORPORATION on in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, for profit corporations, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of September, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21090405102

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.