

F21000005847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

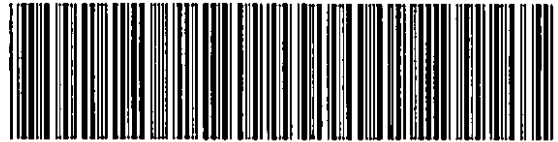
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OCT 14 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINACARL INCORPORATED
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Rosen

Name of Person

KINACARL INC.

Firm/Company

1001 YAMATO RD #312

Address

Boca Raton, FL 33496

City/State and Zip code

MROSEN@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rosen

Name of Person

at (561)

Area Code

212-7000

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
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.*

KINDCARD, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEVADA

2. _____ 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/09/2021 11/30/2021

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
06/06/2021

6. _____
(Date first transacted business in
Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1001 yamato rd. #100 boca raton fl 33496
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

MICHAEL ROSEN

Name:

1001 YAMATO RD #100

Office Address:

Boca Raton

33496

, Florida

(City)

(Zip code)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 OCT 14 PM 3:40

A. DIRECTORS

0 Chairman Name: _____

El Vice Chairman Address: _____

El Director _____

11 President: MICHAEL ROSEN 1001 yamato rd #100
boca raton fl 33496

0 Vice President _____

El Secretary _____ El Treasurer _____

0 Other CEO _____ El Other _____

El Chairman Name: _____

El Vice Chairman Address: _____

0 Director El President El

Vice President _____

El Secretary _____ El Treasurer _____

0 Other _____ El Other _____

El Chairman Name: _____

El Chairman Name: _____

0 Vice Chairman Address: _____ El Vice Chairman Address: _____

El Director _____ El Director _____

El President _____ El President _____

El Vice President _____ El Vice President _____

0 Secretary _____ El Treasurer _____ El Secretary _____ El Treasurer _____

0 Other _____ 0 Other _____ 0 Other _____ 0 Other _____

El Chairman Name: _____ El Chairman Name: _____

El Vice Chairman Address: _____ El Vice Chairman Address: _____

El Director _____ El Director _____

El President _____ El President _____

0 Vice President _____ El Vice President _____

El Secretary _____ El Treasurer _____ El Secretary _____ El Treasurer _____

0 Other _____ El Other _____ 0 Other _____ 0 Other _____

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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 Florida Department of State Annual Report form.

12. michael Rosen
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.

13. MICHAEL ROSEN, PRESIDENT AND CEO

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer "to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Kindcard, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/18/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/08/2021.

K. Cegavske

BARBARA K. CEGAVSKE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2021

MICHAEL ROSEN
KINDCARD, INC.
1001 YAMATO RD #312
BOCA RATON, FL 33496

SUBJECT: KINDCARD, INC.
Ref. Number: W21000110871

We have received your document for KINDCARD, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon
Senior Section Administrator

Letter Number: 421A00018972

Reed
10-14-21