F210000064728

· · · · · · · · ·	(Requestor's Name)
	(Address)
	(Address)
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PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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T. LEMIEUX

COVER LETTER

10:	Division of Corporations
OUD	ECT: Kaleidoscope International
SUBJ	Name of Corporation – must include suffix
Dear S	ir or Madam:
****	A THE POST OF THE STATE OF THE
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Monica Charleston
	Name of Person
	Kalcidoscope International
	Firm/Company
	10360 SW 186th St.
	Suite #2204
	Address
	Miami Florida 33197
	City/State and Zip Code
	KaleidoscopeMLC@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Moni	ca Charleston 757 776-1710 at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Bigsiz \text{\$78.75}\$ Filing Fee & \$\Bigsiz \text{\$87.50}\$ Filing Fee, Certificate of Status \$\text{\$Certified Copy}\$ Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2021

MONICA CHARLESTON 10360 SW 186 ST MIAMI, FL 33197

SUBJECT: KALEIDOSCOPE INTERNATIONAL

Ref. Number: W21000140422

We have received your document for KALEIDOSCOPE INTERNATIONAL and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 621A00025852

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Kaleidoscope l	nternational			<u> </u>
import in langua in the name at pr	ation: must include the word "INCORPORATED" or "CORPORATION" or words of ge as will clearly indicate that it is a corporation instead of a natural person or partnersent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation in the corporation i	poration.)	טנ 30 כי	omanicu
Kale	doscope Taternational Inc ilable in Florida, enter alternate corporate name adopted for the purpose of transacting			
(If name unava	lable in Florida, enter alternate corporate name adopted for the purpose of transactir	ng busines	s in Fl	orida)
	92 122772			
Virginia (State or cour	try under the law of which it is incorporated) 3. 82-4337738 (FEI number, if applied)	cable)		
4. 4/17/2017 (D	ate of Incorporation) 5. Current (Date of duration, if other	than perp	etual)	
10/10/2021				
b. (Date first condi	acted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to	determine	? penal	ty liability.)
10360 SW 186	th St. Suite 2204 Miami Fl 33197			
7. <u>10300 317 100</u>	(Principal office street address)			
n/a	(Current mailing address, if different)			
	(Current manning addresss, in divisions)			
Non Profit				
8. Non Profit (Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Floric	la)		
•				
Name and <u>str</u>	eet address of Florida registered agent: (P.O. Box NOT acceptable)	: -	21	
	Monico Charleston	; •	_ -	
Name:	Monica Charleston		AON	<u> </u>
Office Address:	10360 Sw 186th St. Suite 2204 Miami , Florida 33197 (City) (Zip Code)	· · ·	چ	
	Miami , Florida 33197		P	ED
	(City) (Zip Code)		:3:::)
10 Registered	l agent's acceptance:	충급	 ယ	
Having haan ne	imod as registered agent and to accept service of process for the above state	ed côrpor	ation	at the place
designated in the	is application, I hereby accept the appointment as registered agent and ag- comply with the provisions of all statutes relative to the proper and comple	,	*** ****	
and I am famili	ar with and accept the obligations of my position as registered agent.			
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$			
	MANIER / WARDONTAN			
	Registered agent's signature)		_	

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total : A. DIRECTORS Monica Charleston □ Chairman Name: ☐ Chairman Name: 1190 Washington Circle □Vice Chairman Address: __ □ Vice Chairman Address: Suite L □ Director Director Homestead FI 33034 President □ President □Vice President □Vice President Treasurer ☐ Secretary □Treasurer ☐ Secretary ☐ Other:_____ □Other: □Other: ☐ Chairman Chairman Name: _____ Name: ____ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director ☐ President □ President □Vice President □Vice President ☐ Secretary ☐ Secretary ☐ Treasurer ☐ Treasurer □Other: _____ ☐ Other:______ ☐Other:_____ □Other: □ Chairman Name: _____ ☐ Chairman Name: □Vice Chairman ☐Vice Chairman Address: Address: □ Director □ Director □President □President □Vice President _____ □Vice President ☐ Secretary ☐Treasure: ☐ Secretary ☐Treasurer □Other: _____ ☐ Other: _____ □Other:_____ □Other:

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Kaleidoscope International is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 4, 2017;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 9, 2021

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2021110916543955