To:

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To:	Division of Con	mayation.
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	Account Name Account Number	
	Phone	: (954)208-0845
	Fax Number	: (614) 573-3996
*Enter t	ne email address	for this business entity to be used for future gs. Enter only one email address please.**

FOREIGN PROFIT/NONPROFIT CORPORATION

Kitonis Capital Investments Corporation

Certificate of Status	0
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Page Count	05
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Kitonis Capital Investments Corporation

CONSENT TO USE OF NAME

KITONIS CAPITAL INVESTMENTS CORPORATION, a Florida corporation with Doc ID P22000053715 (the "Company"), filed articles of dissolution with the Florida Department of State on July 12, 2022. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to Kitonis Capital Investments Corporation, a Delaware corporation, using the name "Kitonis Capital Investments Corporation" when registering with the Florida Department of State.

2622 July 15 KM11: 33

To:

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.

Kitonis Capital II	nvestments Corporation			
(Enter name of co	rporation; must include "INCORPORATED," rp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name ac	iopted for the purpose of transacting busing	ess in Florida)	
2. Delaware	· · · · · · · · · · · · · · · · · · ·	3. 88-3124983 h it is incorporated) (FEI number, if applicable)		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 07/05/2022	5.			
(Date	of incorporation)	5(Date of duration, if other than perpetual)		
6.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)		
7. 1116 Sunset Drive	e, Venice, FL 34285		<u>.</u>	
	(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)	22	
8. Name and stree	t address of Florida registered agent: (P.O. C T Corporation System	Box NOT acceptable)	2022 JUL 15	
Name:	C 1 Corporation dysecti		JI	
Office Address:	1200 South Pine Island Road			
	Plantation	F1. 33324		
	(City)	(Zip code)	ယ်	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agrec to a lative to the proper and complete perj	et in this capacity. I	
	C T Corporation System			
I	By: /s/ Candice Pignataro, Authorized S	Signer		
مب. -	(Registered agent's sig	inature)		
10. Attached is a	certificate of existence duly authenticated, t	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]:

A. DIRECTORS						
□ Chairman	Walter P. Kitonis,III	∐Chairman	Name:			
□Vice Chaimian	Address:	□ Vice Chairman	Address:	,. <u></u> .		
Director	Venice, FL 34285	□Director				
President		President				
☐ Vice President		□Vice President			· ·	
☐ Secretary	☐Treasurer	□ Secretary		∏Treasurer		
Other Chief Exe	ecutive Officer	□Other	-	Other		
□ Chairman	Name:	□Chairman	Name:	<u></u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director		□ Director				
□President		□ President				
□ Vice President		□Vice President		 		
Secretary	☐'Treasurer	□ Secretary		□Treasurer	2622.	
∐Other	□Other	□Other		Other	<u> </u>	
					22	
□Chairman	Name:	□Chairman	Name;		<u> </u>	
□Vice Chairman	Address:	□Vice Chairman	Address;			
Director		□Director			<u> </u>	
□President		∏President		. <u></u>		
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer		
Other	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 of	r 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. Walter P. Kitonis, III, Chief Executive Officer						
(Typed or printed name and espacity of person signing application)						

To:

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KITONIS CAPITAL INVESTMENTS

CORPORATION" 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

FIFTEENTH DAY OF JULY, A.D. 2022.

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

2022 JUL 15 KILL SS

Authentication: 203925297

Date: 07-15-22

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