## F22000004812

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

	Registration Section Division of Corporations	
CHDIE	CCT: KINGSMEN HOLDING INC	
SODJE	Name of corporation	- must include suffix
Dear Sir	r or Madam:	
"Certific	closed "Application by Foreign Corporation for cate of Existence," or "Certificate of Good Stan eferenced foreign corporation to transact busine	ding and check are submitted to register the
Please r	eturn all correspondence concerning this matter	to the following:
	T BRONDO	
	Name of	Person
ETB FI	NANCIAL CONSULTANTS LLC	
	Firm/Con	npany
305 9th	St S Ste 324	
	Addr	ess
Saint Pe	etersburg FL 33705	
	City/State a	nd Zip code
edbrond	lo@gmail.com	for future annual report notification)
	E-mail address: (to be used	for future annual report nourceation)
For fur	ther information concerning this matter, please	call:
Jordan l	Houser Showalter 727	) 452 2649
	Name of Person Area Coo	le 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
Please i	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMEN 0.00 Filing Fee S78.75 Filing Fee & Certificate of Status	T OF STATE  □ \$78.75 Filing Fee & ■ \$87.50 Filing Fee,  Certified Copy 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.

	KINGSMEN HOLDING INC						
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unavaila	ble in Florida, enter alternate corporate name a	idopted for the purpose of transacting b	nusiness in Florida)				
DELAWARE	3	88 2958368					
(State or country	y under the law of which it is incorporated)	(FEI number, if appli	cable)				
(Date	of incorporation) 5.	(Date of duration, if other tha	n perpetual)				
	(Date first transacted business in	Florida, if prior to registration)  02, F.S., to determine penalty liability	)				
1920 WEST BAY	·						
	DR STE 1, Largo, FL 3372C (Principal offi	ce street address)					
	` .						
	(Current mailin	g address, if different)					
			_				
3. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	<b>2.1</b> 2.2				
Name:	EDWIN T BRONDO	<del></del>	ACC				
	305 9th St S Ste 324		2022 AUS -2				
Office Address:	Saint Peterchuru		2 PM 2:21				
	Saint Petersburg (City)	, Florida (Zip code)	2:				
	(Chy)	,	21				
Registered ag	ent's acceptance: ned as registered agent and to accept servi	ica of process for the above stated					
the same of the state of	analization. I hareby accept the appoints	nent as revistered agent and agree	s to ace in our enhange.				
further agree to c	comply with the provisions of all statutes t	elative to the proper and complete	performance of my dui				
and I am familia	r with and accept the obligations of my po	Suion as registered agent.					
	0.						
_	(Registered agent's s	ignature)					

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			5			
EChairman	Jack Vasilaros Name:	□Chairman	Name: Edwin T Brondo			
□Vice Chairman	Address:	□Vice Chaiπnan	Address:			
□Director	Largo FL 33770	□Director	Saint Petersburg FL 33705			
President		□President				
□Vice President		■Vice President				
□Secretary	☐ Treasurer	Secretary	Treasurer			
Other	Other	□Other	Other			
	A.	□Chairman	Jordan Houser Showalter			
□Chairman	Name:		305 9th St S Ste 324 Address:			
	Address:	□ Vice Chairman	Saint Petersburg FL 33705			
□Director		□lDirector				
□President		□President				
□ Vice President	<u> </u>	□Vice President				
☐ Secretary	□Treasurer	Secretary	Treasurer			
□Other	□ Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chaiπnan	Address:			
Director		□Director				
		□President				
□ President						
☐ 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. Edwin T Brondo  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.

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "KINGSMEN HOLDING INC" 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 TWENTY-FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KINGSMEN HOLDING INC" WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Budlech, Secretary of State

Authentication: 203997050