ment of State

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078

: (863)683-6511

Phone Fax Number

: (863)688-8099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Kaolin RE Holdings Corporation

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KAOLIN RE HOLDINGS CORPORA	ATION
	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the ousiness in Florida.
Please return all correspondence concerning this i	natter to the following:
CRAIG B. HILL	ne of Person
Nat	ne of Person
PETERSON & MYERS, P.A.	1
Firm	Company
225 E LEMON ST., SUITE 300	
	Address C
LAKELAND, FL 33801	
City/S	tate and Zip code
JISAAC@SOUTHMILL.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
CRAIG B. HILL at (863	683-6511
Name of Person Are	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 DEPART? \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

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.

L. KAOLIN RE III	OLDINGS CORPORATION		
(Enter name of or "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," ot "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate name a	lopted for the purpose of transacting business in Flor	
1800 1801 180	·	• • • • • • • • • • • • • • • • • • • •	,
2. (State or countr	y under the law of which it is incorporated) 3.	82-1037192 (FEI number, if applicable)	
111 D 2 11 2 2 2 2 2 2	141		
4. (Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		~)
7. ¹⁹⁰⁰ 5TH ST NV	V, WINTER HAVEN, FL 33881		2022 Hira - H. PH 4: 05
	(Principal offic	e <u>street</u> address)	7.
649 WEST SOU	TH STREET, KENNETT SQUARE, PA 19348		1,5
-	(Current mailing	nddress, if different)	_ =
			P:-
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	<u> </u>
Name:	CRAIG B. HILL	<u></u>	05
Office Address:	225 E. LEMON ST., SUITE 300		
	LAKELAND	, Florida 33881 (Zip code)	
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept servic application, I hereby accept the appointm	e of process for the above stated corporation at ent as registered agent and agree to act in this lative to the proper and complete performance ition as registered agent.	capacity. I
	(Registered agent's sig	nature)	

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 und/or directors [up to six (6) total]:

□Chainman	Name: Lewis Macleod	Chairman	Name: Sergio Varela
□Vice Chahiman	Address: 649 W South Street	Uvice Chairman	Address: 649 W South Street
₩Director	Kennett Square, PA 19348	_ Director	Kennett Square, PA 19348
□President		\ \textstyle \texts	, <u></u> ., , <u>.</u> .,
□Vice President		_ □ Vice President	
☐ Secretary	□ Treasurer	⊠ Secretary	□Treasurer
□Other	Other	Other_CFO	Other
□ Chairmae	Name:		Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	4	Director	
□President		President	- In
□Vice President		□ Vice President	ラ - デ - プ
□ Secretary	□Treasurer	□ Secretary	□Treasurer ↓
Other	Other	Other	Other
□Chairman	Name:		Name: 5
□Vice Chairman	Address:	Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□ Vice President	
D Secretary	☐ Treasurer	□ Secretary	☐ Treasurer
□Other	Other	Other	□Other
individuals may be	Use an attachment to report more than six (6), added to the index when filing your Florida		
الك الك		Director or Officer	

13. Sergio Varela, President, CFO and Secretary

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KAOLIN RE HOLDINGS 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 TENTH DAY OF JUNE, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAOLIN RE
HOLDINGS CORPORATION" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF
MARCH, A.D. 2017.

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

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Authentication: 203649501

Date: 06-10-22

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