x 2080

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23-36339





500404175575

2023 HAR 16 PH 6: 06

RECEIVED

APR 1 1 2023 K. Brumbiey



March 16, 2023

SUNSHINE

CORRECTED
Please Allow For
Same File Date

SUBJECT: KGM CONSULTING, INC. Ref. Number: W23000036339

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.," "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L19000242497.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Letter Number: 423A00006183

3 APR 11 AH11: 15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/16/2023	_		**WALK IN**
ENTITY NAME KGM (Consulting, Inc		
DOCUMENT NUMBER_			
	PLEASE FILE TR	HE ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy Certificate of Status		
**	PLEASE OBTAIN THE F	FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts	is & Amendments	
	Certificate of Good St	anding	
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA			
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$70		ACCOUNT #: I201600000)72
		S 8 7/10	
Please call Tina at t	the above number for	any issues or concerns. Thank you	so much!

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	KGM CONSULTING, INC.			
ocbuLe	Name o	of corporation - 1	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standir	ng" and check are subm	
Please return	all correspondence concerni	ng this matter to	the following:	
Margaret McG	ovem			
		Name of Pe	rson	
KGM CONSU	LTING, INC.			
		Firm/Compa	ny	
209 Forest Ave	enue			
		Address		
Glen Ridge, NJ	07028			
		City/State and	Zip code	
mmcgovem@l				
	E-mail address	: (to be used for	future annual report no	tification)
For further in	formation concerning this m	atter, please call	:	
Kathy Clark		at (800	567-4397 Daytime Telepho	
Name	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following amoreck payable to: FLORIDA DI ing Fee	EPARTMENT O g Fee & 🗆 🗆 S	F STATE 378.75 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.

inc., Co., Co	orp," "Inc." "Co," or "Corp.")		
KGM Co	nsulting FL, Inc. able in Florida, enter alternate corporate name :	adopted for the purpose of transacting	business in Florida)
Now Ioreau			
2. (State or country	y under the law of which it is incorporated)	(FEI number, if app	olicable)
(Date of incorporation)		(Date of duration, if other than perpetual)	
Upon Registratio	on		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	у)
7. 209 Forest Avenu	e, Glen Ridge, NJ 07028		
	(Principal offi	ce street address)	
	(Current mailin	g address, if different)	202
2 Name and street		-	2023 HA
8. Name and stree	et address of Florida registered agent: (P.C	-	2023 HAR 1
8. Name and <u>stree</u> Name:		-	2023 HAR 16
Name:	et address of Florida registered agent: (P.C	-	문 변
Name:	urs AGENTS , LLC 3458 LAKESHORE DRIVE	D. Box <u>NOT</u> acceptable)	면 () () ()
	urs AGENTS , LLC 3458 LAKESHORE DRIVE	D. Box <u>NOT</u> acceptable)	문 변
Name: Office Address:	urs address of Florida registered agent: (P.C. URS AGENTS , LLC 3458 LAKESHORE DRIVE TALLAHASSEE (City)	D. Box <u>NOT</u> acceptable)	면 () () ()
Name: Office Address: 9. Registered ago Having been nam	et address of Florida registered agent: (P.C. URS AGENTS , LLC. 3458 LAKESHORE DRIVE TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services.	D. Box NOT acceptable) , Florida 32312 (Zip code) ce of process for the above stated	corporation at the place
Name: Office Address: 9. Registered age Having been nam designated in this	et address of Florida registered agent: (P.C. URS AGENTS , LLC 3458 LAKESHORE DRIVE TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	2. Box NOT acceptable) , Florida \frac{32312}{(Zip code)} ce of process for the above stated ment as registered agent and agree	corporation at the place e to act in this capacity.
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to co	et address of Florida registered agent: (P.C. URS AGENTS , LLC. 3458 LAKESHORE DRIVE TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services.	2. Box NOT acceptable) , Florida = 32312	corporation at the place e to act in this capacity.
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to co	et address of Florida registered agent: (P.C. URS AGENTS , LLC. 3458 LAKESHORE DRIVE TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointnomply with the provisions of all statutes r	2. Box NOT acceptable) , Florida = 32312	corporation at the place e to act in this capacity.
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to co	et address of Florida registered agent: (P.C. URS AGENTS , LLC. 3458 LAKESHORE DRIVE TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointnomply with the provisions of all statutes r	2. Box NOT acceptable) , Florida = 32312	corporation at the place e to act in this capacity. e performance of my dut

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 Karen Gurl Martell Name: _ Name: □ Chairman Chairman 209 Forest Avenue Address: ☐ Vice Chairman ☐ Vice Chairman Address Glen Ridge, NJ 07028 □Director Director □President President ☐Vice President ☐ Vice President □ Secretary ☐Treasurer □ Sceretar y □ Treasurer □Other_____ □Other _____ □Other _____ □Other □ Chairman Name: ______ ☐ Chairman Name: Address: ______ Address: □Vice Chairman ☐ Vice Chairman **ElDirector** □ Director □ President ☐ President □Vice President □ Vice President []Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ ☐ Other _____ DOther _____ □ Other _____ Name: ______ □ Chairman □ Chairman Name: [I]Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □Director []President []President ∐Vice President _ []Vice President ☐Treasurer ☐ Treasurer □ Secretary □ Secretary □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. Karen Gurl Martell 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. Karen Gurl Martell, President 13. (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

KGM CONSULTING, INC.

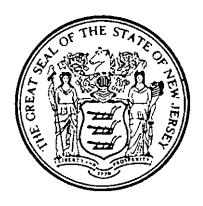
0100651269

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 16, 1996.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KAREN GURL MARTELL 209 FOREST AVENUE GLENRIDGE, NJ 07028



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of March, 2023

Sluk A Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6141230155

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp