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2023 MAY 16 AMIO: 35 SECRÉTARY OF STATE TALLAMA SSEE, FL

COVER LETTER

TO:		tration Section on of Corporations			
SUBJ	ECT:	K&K Star Corp			
0000					
Dear S	ir or M	adam:			
"Certif	ficate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ding" and check are submitte	
Please	return :	all correspondence concerning	this matter	to the following:	
Konsta	ntin Kis	hinsky			
			Name of I	Person	
K&K S	Star Corp)			
			Firm/Com	pany	
15305	Shady P	alms Lane			
			Addre	SS	
Nokom	ois FL, 3	4275			
		(City/State ar	nd Zip code	
kotc@d	cayocon	nm.com			
		E-mail address: (to be used f	or future annual report notifi	cation)
For fur	ther int	ormation concerning this mat	ter, please ca	all:	
Konsta	ntin Kis	hinsky	: (⁴¹⁵	601-1166	
	Name	e of Person	Area Code		Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL. 3	on rations
Please r		check for the following amour eck payable to: FLORIDA DEP ng Fee	ARTMENT Fee &		\$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.

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different)	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Konstantin Kishinsky 15305 Shady Palms Lane Nokomis , Florida Nokomis , Florida (City) Registered agent's acceptance:	ble in Florida, enter alternate corporate name add	opted for the purpose of transactin	g business in Florida)					
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different)	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Konstantin Kishinsky 15305 Shady Palms Lane Nokomis , Florida Nokomis , Florida (City) Registered agent's acceptance:								
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different)	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15305 Shady Palms Lane Nokomis, FL 34275 (Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Konstantin Kishinsky 15305 Shady Palms Lane Nokomis , Florida (City) Registered agent's acceptance:								
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Konstantin Kishinsky 15305 Shady Palms Lane Nokomis Florida (Cip) (Cip)	सegistered agent's acceptance:	•		~					
Name: Konstantin Kishinsky 15305 Shady Palms Lane Nokomis (Cipy) Konstantin Kishinsky 7 7 7 7 7 7 7 7 7 7 7 7 7	सegistered agent's acceptance:	address of Florida registered agent: (P.O. I	Box NOT acceptable)	123					
Florida 34275 Nokomis (Cipy) (Cipy)	सegistered agent's acceptance:	Konstantin Kishinsky							
Nokomis , Florida 34275	सegistered agent's acceptance:	15305 Shady Palms Lanc	_	<u> </u>					
, Florida 342/5 (Cip.)	सegistered agent's acceptance:								
(City) (Zin codo) 'C'	सegistered agent's acceptance:	Nokomis	, Florida						
(City) (Zip code)	Registered agent's acceptance:	(City)	(Zip code)	무늬 싫					
· · · · · · · · · · · · · · · · · · ·		nt's acceptance:		77					
aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capa		mply with the provisions of all statutes rela	tive to the proper and complet	e performance of my a					
signated in this application. I hereby accept the appointment as registered agent and agree to act in this capa rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my c	with and accept the obligations of my posit	ion as registered agent.						
signated in this application. I hereby accept the appointment as registered agent and agree to act in this capa rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my c		<i>^</i>						
signated in this application. I hereby accept the appointment as registered agent and agree to act in this capa	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my c								
			(City) Tunder the law of which it is incorporated) (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 as Lane Nokomis, FL 34275 (Principal office (Current mailing a taddress of Florida registered agent: (P.O. I Konstantin Kishinsky 15305 Shady Palms Lane Nokomis (City) Int's acceptance: India a registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabilities Lane Nokomis, FL 34275 (Principal office street address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Konstantin Kishinsky 15305 Shady Palms Lane Nokomis , Florida (City) Torida (Zip code) nt's acceptance: and as registered agent and to accept service of process for the above stated application, I hereby accept the appointment as registered agent and agreemply with the provisions of all statutes relative to the proper and complete					

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
Chairman	Name: Konstantin Kishinsky	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Nokomis, FL 34275	□Director		
President		□President		aa. <u>a</u> aa. <u>a</u> aaa
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other	 	□Other
□Chairman	Name:	□Chaiпnan	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other		Other		□Other
individuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Department	tachment will be image rent of State Annual Re	d for reporting peport form.	nurposes only. Non-indexed
14	Signature of Director	or Officer		
she is aware that fa	ctor signing this document (and who is listed in numb	rtment of State constitu	ites a third degre	ed herein are true and that he of the felony as provided for in

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "K&K STAR CORP" 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 FIFTH DAY OF MAY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K&K STAR CORP"

WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2013.

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

at coro delaware gov/aut

Authentication: 203283029

Date: 05-05-23

5440988 8300 SR# 20231830943