

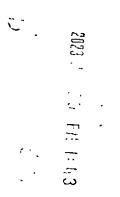
| (| Requestor's Name) |
|----------------------|-------------------------|
| (| Address) |
| (| Address) |
| (| City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (| Business Entity Name) |
| (| Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing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



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COVER LETTER

| TO: | Division | ration Secton of Corp | orations | | | | |
|----------|------------------------------|-----------------------------------|--|----------------|---------------|--|---|
| SUBJ | ECT: | KCA | INC | dba | ; Kip | Coleman | n Architecture |
| | | | Nar | ne or corpora | ition - musi | include suffix | |
| Dear S | ir or Ma | dam: | | | | | |
| "Certif | icate of | Existence, | | ate of Good | Standing" a | nd check are sub | ct Business in Florida," mitted to register the |
| Please | return a | ll correspo | ndence conce | rning this m | atter to the | following: | |
| | K | Q Ca | lemar | Namo | e of Person | | |
| | k | -10 Ca | olemen | Arch ? | to ct. | 100 | |
| | 67 | 49. | TIFFA | HY RO | SE PL | ->CE | |
| | 51 | HFon 1 | 7, FL | 327 | 7-1 | | |
| | | | | = | _ | | |
| | K | 8 e 1 | 40-ar | chite c | ture. | C ⊂ ~\ re annual report i | |
| | | • | E-mail add | ress: (to be u | sed for futur | re annual report | notification) |
| For fur | ther inf | ormation c | oncerning thi | s matter, plea | ase call: | | |
| K; | e Ce | >1eme | ۷٦ | at (<u> </u> | <u>-5</u>)_ | 595 - 4 Daytime Telep | 585 |
| | Name | of Person | | Area | Code | Daytime Telep | hone Number |
| | Regist Division The Co | ration Section of Corportre of Ta | orations Illahassee Street, Suite | | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 |
| Please 1 | | ck payable | ne following to: FLORIDA \$78.75 F Certifica | DEPARTM | □ \$78.7 | ATE 5 Filing Fee & fied Copy | S87.50 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.

| 1. KCA | | | |
|---------------------------------------|---|---|------------------|
| (Enter name of co | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.") | 'COMPANY," "CORPORATION," | |
| (If name unavails | DI ACHITECTURE INC. | opted for the purpose of transacting business i | n Florida) |
| 2. <u>NEVA</u> | y under the law of which it is incorporated) | 81-4008010 | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4. $\frac{9\sqrt{30}}{\text{(Date)}}$ | 2c16 5 | (Date of duration, if other than perpetu | ual) |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 WHITNEY MESA DR (Principal office | 2, F.S., to determine penalty liability) | - NV 8701 |
| | (Current mailing a | address, if different) | |
| 8. Name and stree | t address of Florida registered agent: (P.O. l | Box <u>NOT</u> acceptable) | 2023 |
| Name: | Kip Coleman | | : |
| Office Address: | 6749 TIFFAMY ROSE | EPL | |
| | SANFORD SEL (City) | | (|
| 0.00 | | (Zip code) | |
| 9. Registered age | nt's acceptance: ed as registered apent and to accent service | of process for the above stated corporati | ion at the place |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

A. DIRECTORS Name: Kip Columner □ Chairman ☐ Chairman Name: UVice Chairman Address: 6749 TITTAN-1 ☐ Vice Chairman Address: POSE PLACE, Director □ Director SANFORD FL ☐ President President 32771 ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Other _____ □Other _____ Other _____ Other _____ Name: Chairman Chairman Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: ☐ Director ☐ Director ☐ President □President ☐ Vice President □Vice President □ Treasurer ☐Treasurer ☐ Secretary □ Secretary Other _____ □Other ____ ☐ Other _____ □Other _____ Name: ☐ Chairman Name: □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: ☐ Director □Director □President □ President ☐Vice President ☐ Vice President ___ ☐ Treasurer □ Secretary ☐ 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. 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.

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

SECRETARY OF STATE STATE OF NEVADA

| | APOS | TILLE | ATE | | |
|---|----------------------------|----------------------------------|--|--|--|
| | (Convention de La Ha | aye du 5 octobre 1961) | .34 | | |
| 1. Country: Pays / País | UNITED STATES OF AMERICA | | | | |
| This public document Le présent acte public / El presente doc | umento público | | - | | |
| 2. has been signed by: a été signé par ha sido firmado por | FRANCISCO V. AGUILAR | | | | |
| 3. acting in the capacity of agissant en qualité de quien actúa en calidad de | STATE OF NEVADA | | | | |
| 4. bears the scal/stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de | STATE OF NEVADA | | | | |
| | | TFIED | | | |
| | Attesté / (| Certificado | | | |
| 5. at à / en | CARSON CITY, NEVADA, U.S.A | | | | |
| 6. the le / el dia | EIGHTH DAY OF JUNE, 2023 | | | | |
| 7. by par / por | FRANCISCO V. AGI | UILAR, SECRETARY OF S | STATE, STATE OF NEVADA, U.S.A | | |
| 8. Number sous n° bajo el numero | C202306083713036 | _ | | | |
| 9 Seal/Stamp: Sceau / timbre: Sello / timbre: | | 10. Signature: Signature: Firma: | FRANCISCO V. AGUILAR Nevada Secretary of State | | |

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears. This Apostille does not certify the content of the document for which it was issued.

This Apostille is not valid for use anywhere within United States of America, its territories or possessions.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signature de l'acte a agi et,

le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequal elle a été émise.

L"utilisation de cette Apostille n"est pas valable en/au Etats-Unis d"Amérique, ses territorries ou posseceions.

Esta Apostilla certifica unicamente la auntenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento publico esté reverstido. Esta Apostilla no certifica el contenido del documento para el cual se expidio.

No es valido el uso de esta Apostilla en los Estados Unidos de America, sus territorios o posesiones.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KCA INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/30/2016, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202306083713035

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/08/2023.

FRANCISCO V. AGUILAR Secretary of State