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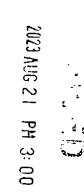
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	~	ration Sectio. on of Corpora					
SURJ	FCT.	KAOS DESIG	IN CO., INC.				
30170			Name o	of corporation	n - must	include suffix	
Dear S	Sir or Ma	dam:					
"Certif	ficate of	Existence,"		of Good Sta	inding" a	and check are sub	ct Business in Florida," mitted to register the
Please	return a	ll correspond	ence concerni	ng this matte	er to the	following:	
SAMA	NTHA V	VALKER					
				Name o	f Person		
CAPU	TO & AS	SOCIATES C	PAS P.C.				
				Firm/Co	mpany		
538 W	ESTCHE	STER AVEN	UE				
				Add	ress		
RYE B	BROOK,	NY 10573					
				City/State	and Zip	code	
SWAL	.KER@C	ACPAS.ORG					
		1	E-mail address	: (to be used	for futu	re annual report i	notification)
For fu	rther info	ormation con	cerning this m	atter, please	call:		
SAMANTHA WALKER at (914)			937	937-0880			
	Name	of Person		Area Co	de	Daytime Telep	hone 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		ck payable to:	following amo FLORIDA DI \$78.75 Filin Certificate o	E <mark>PARTMEN</mark> g Fee &	☐ \$78.7	ATE 75 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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ing business in Florida)
NEW YORK	3.	20-4307766	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
02/07/2006	5.		
(Date	5. of incorporation)	(Date of duration, if other	than perpetual)
08/01/2023			
	(Date first transacted business in		lina
135 D77, DBIAL	(SEE SECTIONS 607.1501 & 607.150	12, r.s., to determine penalty habi	my)
	E SEBASTIAN, FL 32958	e street address)	
132 DAY DRIVI	E SEBASTIAN, FL 32958	e <u>street</u> address)	
192 DAT DRIVI		address, if different)	
	(Curtin mannig	, address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	. 12
	GREGORY L RIGOS		2023 AUG
Name:			SILV.
Office Address:	132 DAY DRIVE		2
ffice Address:	SEBASTIAN	, Florida 32958	. <u>- P</u>
ffice Address:			
ffice Address:	(City)	(Zip code)	$_{-}$ ω
	(City)	(Zip code)	PH 3: 00

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]:

(Registered agent's signature)

A. DIRECTORS	•		
□Chairman	Name:	□Chairman	Name: DANIELLE RIGOS
□Vice Chairman	Address: 132 DAY DRIVE	□Vice Chairman	Address: 132 DAY DRIVE
□ Director	SEBASTIAN, FL 32958	□Director	SEBASTIAN, FL 32958
President		□President	
□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:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	□Other
	Use an attachment to report more than six (6). The attacks added to the index when filing your Florida Department Signature of Director or	nt of State Annual Re	

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of thi certificate, the following entity information is reflected:

Entity Name:

KAOS DESIGN CO., INC.

DOS ID Number:

3317122

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/07/2006

Statement Status:

CURRENT

Statement Due Date:

02/29/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 09, 2023 at 10:49 A.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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