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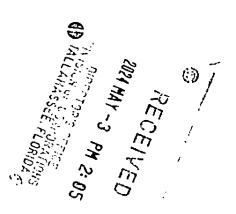
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NAME: KJ PROCESSING INC.

TYPE OF FILING: APPLICATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KJ Processing Inc.	
Name of corporation - must include suffix Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Katie Anderson	
Name of Person KJ Processing Inc.	
Firm/Company	
2156 McCulloch Blvd., Unit #8	
Address Lake Havasu City, AZ 86403.	
City/State and Zip code. katie@kjprocessing.com	
E-mail address: (to be used for future annual report notification)	· · · ` · :
For further information concerning this matter, please call: Katie Anderson at (951 600-9164)	
Name of Person. Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
■ \$70.00 Filing Fee	-
Certificate of Status Certified Copy Certificate of Certificate Copy Certified Co	

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.

KJ Processing I		, .		*!	٠. ،	• • •
(Enter name of c	orporation; must include "INCORPORATED," "COMPANY," "CORPorp," "Inc," "Co," or "Corp.")	ORAT	ION,"			
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of	transa	cting busi	ness in Flo	orida)	
California	81-2895411 3.					
(State or countr 05/25/2016	y under the law of which it is incorporated) (FEI nur	mber, i	f applicab	le)		.,.
(Date	of incorporation) (Date of duration	n, if otl	her than p	erpetual)	.	• .
,					٠.	
	(Date first transacted business in Florida, if prior to registr (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine pen	ration) nalty lia	ability)			•
2156 McCulloch	Blvd., Unit #8, Lake Havasu City, AZ 86403		· .		•	_
1	(Principal office street address)	: :			:	
Name and stree	(Current mailing address, if different) et address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			•	
Name:	Registered Agents Inc		:	- €0 - 11 - 12 - 13		
fice Address:	7901 4th St N, Ste 300				MAY.	
1	St. Petersburg . Florida 33702		,		ఉ	
	(City) (Zip cod	de)	· · ·	1330 SEC	AH 8	ء م
aving been nan signated in this other agree to c	ent's acceptance: ned as registered agent and to accept service of process for the ab application, I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the proper an with and accept the obligations of my position as registered age	t and o d com	agreë to c	act in thi.	at t ao , s capa	city. I
· · · · · · · · · · · · · · · · · · ·	David Secretary (Registered agent's signature)	:			٠	

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]:

			[数字 4] "你就说我们多过
A. DIRECTORS			
☐ Chairman	Name: Katic Anderson	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
	Lake Havasu City, AZ 86403	□Director	
President		□President	
□Vice President		□Vice President	
.□Secretary	□Treasurer	Secretary	☐ Treasurer
CEO GEO	[]Other	□ Other	Other
- Curei			
□Chairman	Name:	Chairman	Name:
. □Vice Chairman		□Vice Chairman	Address:
Director		□Director	
President		□ President	
□Vice President		□Vice President	
	□Treasurer	☐ Secretary	□] reasurer
☐ Secretary :		□Other	Other
Other	Other	Li Ottler	
		Chairman	Name:
Chairman	Name:		Address:
☐Vice Chairman	Address:		Address.
□ Director		□Director :	
☐President :		□President	
☐Vice President		□ Vice President	
Secretary	☐ Treasurer	Secretary	□Treasurer
□Other	Other	Other_	□ Other
Important Notice	Use an attachment to report more than six (6). The	attachment will be imag	ed for reporting purposes only. Non-indexed
individuals may l	be added to the index when filing your Florida Depa	rtment of State Annual F	Report form.
12.	Signature of Direc	tor or Officer	
The officer or dir	redtor signing this document (and who is listed in nu false information submitted in a document to the De	mber 11 above) affirms i	that the facts stated herein are true and that he or tutes a third degree felony as provided for in
s.817.155, F.S.		partition of state constr	
13. Katie Ande	erson : CEO		



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

KJ PROCESSING INC.

Entity No.:

3911344

Registration Date:

05/25/2016

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 01, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 206168023

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.