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(1	Requestor's Name)	
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	City (Ctate File (Disease Al)	
(1)	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(1)	Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SEP 0 4 2024 K. Brumbley

Sunshine State Corporate Compliance Company

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

DATE <u>09/03/2024 **WALI</u>					
ENTITY NAME <mark>KITC</mark>	HENLESS INC.				
DOCUMENT NUMBI	ER				
	PLEASE FILE 1	THE ATTACHED AND RETURN			
xxxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
	Certified Copy of Arts Certified Copy of Arts Certificate of Status	FOLLOWING FOR THE ABOVE ENTITY** 8 Amendments 8 Amendments Complete File (Inclading Annaal Reports) Reflecting:			
	APOSTILLE' /	NOTARIAL CERTIFICATION			
COUNTRY OF DESTIN	HATTON				
NUMBER OF CERTIFI	CATES REQUESTED				
TOTAL OWED \$ 70		ACCOUNT # 120140000108 United Corporate Services, Inc. any issues or concerns. Thank you so much!			
Please call Tina at	t the above number for	any issues or concerns. Thank you so much!			

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.

KITCHENLESS	. <u> </u>			
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	••	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
Delaware	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)	
October 19, 20	23 5.			
(Date	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)	
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liabilit	y)	
1171 Stillwater 🕻	Drive Miami Beach, FL 33141			
	(Principal office	street address)		
	(Current mailing	address, if different)		
Name and street Name:	et address of Florida registered agent: (P.O. United Corporate Services, Inc.	Box <u>NOT</u> acceptable)	2024 SEP -3 PH 12: 2	
ffice Address:	3458 Lakeshore Drive		3 PH	
	Tallahassee	, Florida 32312	12:	
	(City)	(Zip code)	200	
laving been nam esignated in this urther agree to c	ent's acceptance: sed as registered agent and to accept service sapplication, I hereby accept the appointme comply with the provisions of all statutes rel r with and accept the obligations of my posi Michael Ba	ent as registered agent and agre lative to the proper and complet tion as registered agent.	e to act in this capacity.	
_	(Registered agent's sig	nature)		
	(2 0			

^{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 Sharon Joyce Pantong Mike Özkan □ Chairman □Chairman 1171 Stillwater Drive 1171 Stillwater Drive □Vice Chairman Address: □Vice Chairman Address: Miami Beach, FL 33141 Miami Beach, FL 33141 Director Director □President □President □ Vice President □Vice President □Treasurer □ Treasurer □ Secretary □ Secretary ■Other Other_____ Other ___ Other ____ Name: _____ Suzanne Wuersch □Chairman □ Chairman 100 Wall Street, 10th Floor 1171 Stillwater Drive Address: □Vice Chairman Address: ☐ Vice Chairman New York, NY 10005 Miami Beach, FL 33141 □ Director □ Director □President □President □Vice President ☐ Vice President □ Treasurer □ Secretary ☐ Treasurer Secretary CFO □Other ____ ☐Other _____ □Other _____ □ Other Name: ______ □Chairman Name: ______ ☐ Chairman Address: ______ ☐ Vice Chairman □ Director □ Director □President □ President ☐ Vice President □ Vice President ____ □ Secretary ☐ Treasurer ☐ Secretary Treasurer □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.

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

Sharon Joyce Pantong, Director and Chief Operating Officer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KITCHENLESS INC." 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KITCHENLESS"

INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2023.

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

CANAL CANAL

Authentication: 204294298

Date: 09-03-24

7636491 8300 SR# 20243579609

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