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DEC - 3 5054 I. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: KHTW Holdings Inc.			
3000		corporation	- must include suffix	-
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to tra	f Good Stan	iding" and check are submitte	
Please	return all correspondence concerning	g this matter	to the following:	
Lisa Ha	aines			
		Name of	Person	
KHTW	,			
		Firm/Con	npany	
1407 T	angier Way			
		Addr	ess	
Sarasot	ra, FL 34239			
		City/State a	nd Zip code	
lisa.b.h	aines@outlook.com			
	E-mail address:	(to be used t	for future annual report notifi	cation)
For fur	ther information concerning this ma	ter, please o	call:	
Lisas Haines at (404 886-0772		886-0772		
	Name of Person	Area Cod		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 Corpora P.O. Box 6327 Tallahassee, FL 3	on rations
Please i	ned is a check for the following amount make check payable to: FLORIDA DEI 1.00 Filing Fee S78.75 Filing Certificate of	PARTMENT 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.

KHTW Holding	s Incorporated				
(Enter name of c	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting but	siness in Florida)		
Delovere	47-4635314				
	y under the law of which it is incorporated)	(FEI number, if applica			
4	of incorporation) 5				
·	e of incorporation)	(Date of duration, if other than perpetual)			
6. <u>01/01/2024</u>					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
7. ¹⁴⁰⁷ Tangier Wa	y, Sarasota FL 34239				
Same	(Principal office	street address)			
	(Current mailing	address, if different)			
			5 3		
8. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	150.		
Name:	Lisa Haines	<u> </u>	130		
Office Address:	1407 Tangier Way				
	Sarasota	, Florida	FH 3:5		
	(City)	(Zip code)	- 13 Si		
0 Pagistared ag	ent's acceptance:		m = 1		
	eed as registered agent and to accept service	of process for the above stated cor	poration at the place		
	application, I hereby accept the appointme				
	omply with the provisions of all statutes rela with and accept the obligations of my posit		rformance of my duties		
	and accept the congulation of my promi				
	0 216.				
	Tesasylains				
	(Registered agent's sign	ature)			

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						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
<i></i> President	Kenneth Haines	□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			
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. 12. 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.

Kenneth Haines, President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "KHTW HOLDINGS, INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF JULY, A.D. 2015, AT 3:30 O'CLOCK P.M.

CERTIFICATE OF REVIVAL, CHANGING ITS NAME FROM "KHTW HOLDINGS, INC." TO "KHTW HOLDINGS, INC", FILED THE ELEVENTH DAY OF MARCH, A.D. 2021, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "KHTW HOLDINGS, INC".

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

Authentication: 204575417

Date: 10-08-24

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