

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KELLY@KAYENTA.IO

FOREIGN PROFIT/NONPROFIT CORPORATION
KAYENTA INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC 16 PM 2:16

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**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. KAYENTA INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 3. 85-0623751
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/09/2020 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 666 3rd ave, floor 6, New York NY 10017
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road


Plantation FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation in 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.*

C T Corporation System

By: _____
(Registered agent's signature)



Christine Kalm
Assistant Secretary

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]:

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TALLAHASSEE
SECRETARY OF STATE

A. DIRECTORS

<input type="checkbox"/> Chairman Name: <u>Kelly Russo</u>	<input type="checkbox"/> Chairman Name: <u>Matthew Peakman</u>
<input type="checkbox"/> Vice Chairman Address: <u>4600 140th Avenue North, Suite 180</u>	<input type="checkbox"/> Vice Chairman Address: <u>Entagel House 92 Albert Embankment</u>
<input type="checkbox"/> Director <u>Clearwater, FL 33762</u>	<input type="checkbox"/> Director <u>London, SE1 7TY, UK</u>
<input checked="" type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary <input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman Name: <u>Chris Hagstrom</u>	<input type="checkbox"/> Chairman Name: _____
<input type="checkbox"/> Vice Chairman Address: <u>4600 140th Avenue North, Suite 180</u>	<input type="checkbox"/> Vice Chairman Address: _____
<input checked="" type="checkbox"/> Director <u>Clearwater, FL 33762</u>	<input type="checkbox"/> Director _____
<input type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman Name: _____	<input type="checkbox"/> Chairman Name: _____
<input type="checkbox"/> Vice Chairman Address: _____	<input type="checkbox"/> Vice Chairman Address: _____
<input type="checkbox"/> Director _____	<input type="checkbox"/> Director _____
<input type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> 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. Kelly Russo
8CDA8F7DA94D476 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.

13. Kelly Russo, President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KAYENTA 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 SIXTEENTH DAY OF DECEMBER, 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 FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



7S91242 3300

SR# 20244498421

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205138823

Date: 12-16-24