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07/22/2025

D	ate:	07/22/2025	- w: ()
		Acc#I20160000072	4: () = V
Name:	KENTO NO	RTH AMERICA, INC.	
Document #:			
Order #:	16440489		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Thank you!

COVER LETTER

Division of Corporations	
SUBJECT: Kento North America, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Eric D. Kuhn	
Name of I	Person
Becker, Glynn, Muffly, Chassin & Hosinski LLP	
Firm/Com	pany
299 Park Ave, 16th Floor	
Addre	SS
New York, NY 10171	
City/State ar	nd Zip code
entitymanagement@beckerglynn.com	
E-mail address: (to be used fi	or future annual report notification)
For further information concerning this matter, please c	all:
at (
Name of Person Area Code	Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

Kento North Am					_
	orporation; must include "INCORPORATED," "Copp." "Inc." "Co," or "Corp.")	OMPAN	Y," "CORPORATIO	N,"	
(If name unavaila	ible in Florida, enter alternate corporate name adop	ted for th	ne purpose of transactir	ng business in Florida)	_
Delaware	3.	3461605			
(State or country under the law of which it is incorporated)		(FEI number, if applicable) (Date of duration, if other than perpetual)			_
4. (Date	of incorporation)	(Da	te of duration, if other	than perpetual)	_
06/01/2025	,	Ì			
5	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502. I			ity)	_
7	Winter Park, FL 32789 (Principal office st	unnt ndd			_
203 Salvador Sq.	Winter Park, FL 32789				_
	(Current mailing add			2025	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> -	`acceptable)	2025 JUL 22	
Office Address:	1200 South Pine Island Road	_		P	
	Plantation	FL	33324	5: 23	
	(City)	_'	(Zip code)	13	
designated in this further agree to co and I am familiar	ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my position. C T Corporation System	as regi ve to th n as reg	stered agent and agree proper and comple e proper and comple gistered agent.	ree to act in this cap	acity. I
	By: Olga Hinkel, Vic (Registered agent's signat		Citt		

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]:

A. DIRECTORS	•					
□Chairman	Name: FRANCISCO JAVIER QUESADA	□ Chairman	Name: SANTIAGO ARNAIZ AMADOR			
□Vice Chairman	Address: 203 Salvador Sq,	□Vice Chairman	Address: 203 Salvador Sq,			
Director	Winter Park, FL 32789	Director	Winter Park, FL 32789			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□ Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	PEDRO BENITO ALCANTARA	□ Chairman	Name:			
	203 Salvador Sq.	□Vice Chairman	203 Salvador Sq.			
	Address:	Director	Winter Park, FL 32789			
☑ Director		□President				
□President		□Vice President				
		☐ Secretary	□Treasurer			
☐ Secretary	□Treasurer _	CEO				
□Other	Other	■Other				
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman	Address:			
		Director				
□Director		□President				
President		□ Vice President				
□ Vice President	☐ Treasurer	Secretary	□Treasurer			
☐ Secretary		Other	□Other			
						
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to report more than six (6).	chment will be image int of State Annual R	ed for reporting purposes only. Non-indexed eport form.			
12	The test of the second					
Signature of Director or Officer						
The officer or dire she is aware that is s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depart	er 11 above) affirms t iment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in			
John Kelley						
(Typed or printed name and capacity of person signing application)						

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "KENTO NORTH AMERICA, 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 TWENTY-SECOND DAY OF JULY, A.D.

2025.

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.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204256514

Date: 07-22-25