# F9000000799

Qualification/Tax Lien Section Division of Corporations

To:

SUBJECT: NEOKYOKAT	€D	<del>-</del>	
' (Name of corporat	ion - must include suffix)	<del></del> -	
Dear Sir or Madam:		÷	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transac o register the above referen	et Business in Flori ced foreign corpor	da", ation
Please return all correspondence concerning this matt	er to the following:	100 <u>0</u> 2741	ما دساند اد
RON TWILLEY		-01/14/39 ******70.00	01056002
(Name of	of Person)		man to the contract of the con
1 EDESH NCOKYOF	ned Tompany)		1067
11122 WAYCROSS	Highway dress)		
Screven, GA	31560		99 SIVID SI
(City/S	tate/Zip)	<del></del>	FEB
Should you need to call someone concerning this mat	ter, please call:	<u>-</u> -	ARY OF ARY OF ARY OF ARY OF ARY OF ARY
EIEN TWILEY at (912 (Area	579-9979 a Code & Daytime Telepho	one Number)	N 9: 09
			9DZ/11
STREET ADDRESS:	MAILING ADDRESS	<b>:</b> =	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns =	:
Enclosed is a check for the following amount:		亳	
\$70.00 Filing Fee \$\square\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing 1 Certificate of Certified Cop	Status &



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 14, 1999

RON TWILLEY KEDESH, INCORPORATED 11122 WAYCROSS HWY. SCREVEN, GA 31560

SUBJECT: KEDESH, INC. Ref. Number: W99000001067

We have received your document for KEDESH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

A photocopy of the certificate of existence is not acceptable.

Please return your document, along with a copy of this letter, within 60<sup>-</sup>days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Letter Number: 899A00001976

Jennifer Sindt Document Examiner 99 FEB 11 AM 9: 09

DIVISION OF CORE DRATE

99 FEB 11 AM 9: 00

### . APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING	IS SUBMITTEL EL ORIDA	TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF	E	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATED" words or abbreviations of like import in language as will clearly indicate that it is a corporation instruction or partnership if not so contained in the name at present.)	TON" or stead of a	·
2. State or country under the law of which it is incorporated)  3. 58-188338 Z  (FEI number, if ap	<u> </u>	
	plicable)	
4. MARCH 1990 5. VERVETUAC  (Date of incorporation) (Duration: Year corp. will cease to exist.)	ot on "normatual?")	
(Date of incorporation) (Duration: Year corp. will cease to exi	stor_perpetual)	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.13	55, F.S.)	, <u>D</u>
7 11122 WAYCROSS Hahway		VISE VISE
Screven GA 31560	<del>=</del>	EB 188
(Current mailing address)	=	OF RATE
8 ENVIRONMENTAL	. <del>-</del>	
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of F	lorida) S	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box N		Om
Name: ERICS FOLAR, ESQ.		· · · .
Name: ERICS FOLAR, ESQ.  Office Address: 1830 Atlantic Blud.		-
Jacksonville, R 32207, Florida, 32207 (Zip code)	- <del></del> -	
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation application, I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my duties, an	cuy. 1 juriner ag	тее го сотріу
the obligations of my position as registered agent.  (Registered agent's signature)		
(Registered agent's signature)		- <del></del>
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery Department of State, by the Secretary of State or other official having custody of corporate records in	of this application	n to the under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	yi wante	. 1
Chairman: KON TWILEY		
Address: 11122 WAYCVOSS HWY.	_	·
Sylven GA 315/600	-	
Vice Chairman: ELEN TWILEY	_	
11122 MANGACC ALL		· · · · · · · · · · · · · · · · · · ·
Screven GA 31560	-	<del></del>
100 111101	: <del>=</del>	
Director: ATULAT INITY	=	
Address: 1026 ENEGOOD St.	<u></u>	<del> </del>
SACISBURY, MD 21801		<del></del>
Director: LYNK HASTINGS	<del></del>	
Address: 124 KUSSELL AVE	· -	
SAUSBURY, MY Z1801	<u></u>	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u></u>	VIS! 19FL
President: KON WILEY		
Address: MIZZ WHYCROSS HW-		
Screnen, GA 31560	<del></del>	\$ 500 PB
Vice President: KON TWILEY		09
Address: Since as above	-9:	**
	Ξ.,	•
Source Elfal TrullEU	_	
Address: 11/22 WMCROSS HWU	_	
Address.		1.10
<u> </u>		
Treasurer: LIFO 1011 Ity	· <del></del>	
Address: Dane as above.		
	=	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
13. Ettal killing		<del></del>
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	lication)	
14. EIEN L. WINEY ECKETARY  (Typed or printed name and capacity of person signing application)	<del></del> -	

#### **Secretary of State**

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K90330353
CONTROL NUMBER : K005993
DATE INC/AUTH/FILED: 03/27/1990
JURISDICTION : GEORGIA

PRINT DATE <u>0</u>2/02/1999

FORM NUMBER : 211

KEDESH, INC. 11122 WAYCROSS HWY SCREVEN GA 31560

CERTIFICATE OF EXISTENCE

l, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### KEDESH, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

CATHY CO

SECRETARY OF STATE

