# F990000000008

To: Qualification/Tax Lien Section Division of Corporations
SUPPLICE KNI S.T.
SUBJECT: KML Enterprises, Inc.  (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Roger Salvati - President (Name of Person)  KML Enterprises, Inc. (Firm/Company)
(Name of Person)
KMI Paterouse Too
(Firm/Company)  16057 Tempa Palms BIND. West. # 38Z PEN O
1605 / Tempa Kalms 18113. West. #382 SE &
(Address)
16057 Tempa Palms BIND. West. #38Z GAZ OF City/State/Zip)
(City/State/Zip)
Should you need to call someone concerning this matter, please call:    Concerning this matter, please call:   Concerning this matter,
STREET ADDRESS: MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Division of Corporations Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee   ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status

Certified Copy



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 11, 1999

ROGER SALVATI KML ENTERPRISES INC. 16057 TAMPA PALMS BLVD., WEST #382 TAMPA, FL 33647

SUBJECT: KML ENTERPRISES, INC.

Ref. Number: W9900006003



We have received your document for KML ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 487-6094.



### FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

March 26, 1999

ROGER SALVATI KML ENTERPRISES INC. 16057 TAMPA PALMS BLVD., WEST #382 TAMPA, FL 33647

SUBJECT: KML ENTERPRISES, INC.

Ref. Number: W9900006003

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name KML Company is not available for use in Florida please select a new name.

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

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 999A00015292

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Roger L. SalvaTi , do hereby certify  (Name)  that this-Resolution of the Board of Directors of Kml EnTerprises, Inc.
(Corporate Name)  a corporation duly organized and existing under the laws of the State of Nev A-DA,  , 19 99
^^ · · · · · · · · · · · · · · · · · ·
Be it resolved, that
KML Direct Response Inc. OF FlorDA for use in Florida.
4/12/99
Dated:    Vag ward   APR   APR
Roger SANATI Type or print name  Type or print name

INHS19(4/96)

### 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.
i. KML Enterprises, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. State or country under the law of which it is incorporated)  (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Z/Z4/99 5. Despetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None As or yel.  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
to the second se
7. 16057 Tempa Palms BIND. West. # 382
Tonga, F1 33647 (Current mailing address)
(Current maning address)
8. Direct Resource Marketing All legal Activities
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Roger Salvati
Office Address: 4909 HallsTead Way
Tempa , Florida, 33647
(Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at 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.  OG WARD OF THE RESIDENCE OF THE RES

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY	- P.O. Box NOT acceptal	ole) .
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: Koger SalvaTi		•
Address: 4909 Hallstean Way 16057 T	êmpa Polms BIVID	west. Suite 38
. Tampa, tempa,	•	
Vice Chairman:		
Address:		
1 1001 1007		
Director: Roger Salvati	** <u> </u>	
	C :- 25m	
Address: 16057 Tampa Palms BlvD. West	2011E 38 C	
Tempa, F1 33647		
Director:		
Address:		<u>7</u> .5. 59
		AP
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		29
President: Roger SalvaTi		
Address: 16057 Tampa Palms BlvD. West.	Suite 387	G G G
tompa, F1 33647		
Vice President:		
Address:		
Secretary: Krista Salvati		
Address: 16057 Tempa Palms BlvD. West	50,Te 38Z	
Tonpa, F1 33647	- 30,10 302	
Treasurer: Koger Salvati		
	esti Sutte 3	82
Tampa, F1 33647	· · · · · · · · · · · · · · · · · · ·	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or d	lirectors.
13. Kogusahas		
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the applie	cation)
14. Koger SalvaTi (Typed or printed name and capacity of persons)	con signing application)	
(-) pad or printed mains and suparity of pers	ou aguing application)	



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KML ENTERPRISES**, **INC**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 24, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 16, 1999.

Secretary of State

By S. J. Lal

Certification Clerk

) APR 29 AM 10: