Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000210160 3)))



H160002101603ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Eusil Address: susanmdiamond15@gmail.com

Foreign Limited Liability Company

Kalyon Group LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

16 AUG 24 AM

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 2 5 2016

Y SULKER

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H16000210160 3)))

IN COMPLIANCE WITH SECTION 608.0002, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A PORERIN LIMITED HABILITY OF ALPHANY TOTRUMS AS TRUMINESS INTO STATE OF ALORIDA.

| 1. Kalyon Group LLC<br>(Name of For  | sign Limited Liability Company:   | roust include "Limited Liab                                   | ility Company,""L.L.C.," or   | "LLC.")   |
|--|---|---|---|---|
| (If name unavailable, onter a<br>Liability Company," "L.L.C.                 | lternate name adopted for the pm  | pose of transacting business                                  | in Florida. The alternate пы  | ne must include "Limited  |
| 2. Delaware  |   | 3   |   |   |
| (Jurisdiction under the law company is organized)                            | of which foreign limited liability  | ·   | (FEI number, if applicable  | )   |
| 4.   |   |   |   |   |
| ***  | (Date first transacted by   | siness in Florida, il prior to<br>605,0905, F.S. to determine | registration.)  |   |
| 5. 4793 Esedra Court, #3   |   | oubloans, F.S. to neterinine                                  | bettatry (tability)   | ****  |
| Lake Worth, FL 33467   |   |   |   |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       | (Street Address   | of Principal Office)  |   | hang  |
| 6. 4793 Esedra Court, #30  | or  |   |   |   |
| Lake Worth, FL 33467   |   |   |   | ~   |
| در بین <u>رون</u> اشتاک حسک بودن بازی این این این این این این این این این ای | (Mall)  | ing Address)  | ىلىدە ئەلىرى ئېزىلى ئۇلىلى ئۇلىدى ئۇلىدى ئەلىدىغى ئەلىدى ئەلىدى ئۇلىدى ئۇلىدى ئۇلىدى ئۇلىدى ئۇلىدى ئۇلىدى ئىلى<br>ئالىدى ئالىدى | ***   |
| 7. Name and street address   | ss of Florida registered agent:   | (P.O. Box NOT accepte   | able)   | <i>₹</i> ?  |
|  | Susan M Diamond   |   | •   | ਰ ਹੈ  |
| Name: Office Address;  | 4793 Esedra Court, #301   |   | -   | AUG<br>AHA  |
| Contro espainable  | Lake Worth  |   | 33467   | 551   |
|  | (City   | ······································                        | , Florida 33467<br>(Zip code)   | سر السنة السنة<br>المناسبة المناسبة السنة الس |
| Registered agent's accep   | ` ·   | ,   | (Eth Colle)   |   |
| designated in this applica<br>to complywith the provisi                      | gistered agent and to accept<br>tion, I hereby accept the app<br>ons of all statutes relative to<br>my position as registered ago | ointment as registered as<br>the proper and complete          | ent and agree to act in the<br>performance of my dutie  | is capacity of further agree  |
|  | (Re   | gistored agent's signature)                                   |   | •   |
| 8. The name, title or capa   | acity and address of the person   | n(s) who bas/bave authori                                     | ity to manage is/are:   |   |
| · ·  | ber, 4793 Esedra Court, #301  | •   | ,   |   |
|  |   | ·   |   | ·   |
| · · · · · · · · · · · · · · · · · · ·  |   | <del></del>   |   |   |
|  |   |   |   |   |
|  | of existence, no more than 90 of which it is organized. (If the albimitted)   |   |   |   |
|  | Signo   | tiue of an authorized person                                  | ,   | _   |
|  | f in accordance with section 6<br>the Department of State con-  |   |   |   |
|  | Susan M Diamond   |   |   |   |

Typed or printed name of signee

Page: 3/3

(((H16000210160 3)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "KALYON GROUP LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KALYON GROUP LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6131371 8300 SR# 20165497877

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

Jacobser W. Poughana L. Sta conspany of State

Authentication: 202878469

Date: 08-24-16