

5/19/23, 4:42 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

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STATE
MAY 22 2023 10:19 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
KASM International LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KASM International LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following.

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

InCorp Services, Inc. / Kathy Shin

Name of Contact Person

at (800)

Area Code

246-2677

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KASM International LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 81-2673046
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, or prior to registration)
(See sections 05.004 & 05.025, F.S. to determine penalty liability)

5. 7420 Winding Lake Circle 6. 7420 Winding Lake Circle
(Street Address of Principal Office) (Mailing Address)

Oviedo FL 32765

Oviedo FL 32765

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

Name: InCorp Services, Inc.

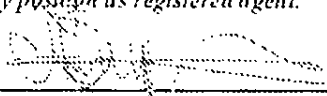
Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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2023 MAY 22 AM 10:19
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.


Louise Breytenbach on behalf of InCorp Services, Inc
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

Title or Capacity: Name and Address:

Manager Name. Kyle Morrison

Member Address. _____

Authorized 7420 Winding Lake Circle

Oviedo FL 32765

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name. Shella Morrison

Member Address. _____

Authorized 7420 Winding Lake Circle

Oviedo FL 32765

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____


Person _____

Other _____ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



 Signature of an authorized person

Kyle Morrison

 Typed or printed name of signer

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STATE OF WYOMING
Office of the Secretary of State

I, **CHUCK GRAY**, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

KASM International LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 12, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000714586**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of May, 2023 at 5:34 PM. This certificate is assigned ID Number 061037618.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

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