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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
2/1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ki Bar Incorporated
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," or "Certificate of Good Standing" 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:

Paola Leos
Name of Person
Ki Bar Incorporated
Firm/Company
2829 Indian Creek Road #1405
Address
Miami Beach, FL 33140
City/State and Zip code
Paola leos@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paola Leos at (305) 490-1881
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & 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.

1. Ki Bar Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 27-053-9393
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 14th, 2009 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 50 waltham Street, Suite 4 F, Boston, MA, 02118
(Principal office address)
2029 Indian Creek Road #1405
(Current mailing address)
Miami Beach, FL, 33140

8. Special Events Planning and Coordination
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

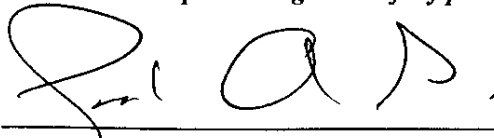
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paola Leas

Office Address: 2829 Indian Creek Road #1405
Miami Beach, Florida 33140
(City) (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.



(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: _____

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Address: _____

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TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: Alejandro Alvarez Ramirez

Address: 50 Waltham Street, Suite 4F

Boston, MA, 02118, USA

Director: Paola Leos

Address: 376 Ocean Avenue

Revere, MA, 02151

B. OFFICERS

President: Alejandro Alvarez Ramirez

Address: 50 Waltham Street, Suite 4F

Boston, MA, 02118, USA

Vice President: _____

Address: _____

Secretary: Paola Leos

Address: 376 Ocean Avenue, Revere, MA, 02151, USA

Treasurer: Paola Leos

Address: 376 Ocean Avenue, Revere, MA, 02151, USA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Alejandro AR

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. ALEJANDRO ALVAREZ RAMIREZ

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 25, 2011

TO WHOM IT MAY CONCERN:

I hereby certify that

KI BAR INCORPORATED

appears by the records of this office to have been incorporated under the General Laws of the
Commonwealth on **July 14, 2009**.

I also certify that so far as appears of record here, said corporation still has legal
existence.

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TALLAHASSEE FLORIDA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth