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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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UT 25 7M RIE J. HARRIS



DAVID H. GREENBERG COUNSELOR AND ATTORNEY AT LAW

Admitted Florida & New York Bars

1371 South Andrews Avenue - Pompano Beach, Florida 33069

TELE: (954) 943-2800 FAX: (954) 943-1314

EMAIL: getdavidhg@gmail.com Cellphone: (954) 560-3283

October 14th, 2016

TO: Secretary of State

RE: Kangapoda, Inc. & Enhancement Associates, LLC-FOREIGN FILING

Dear Sirs;

Please see attached completed and executed Foreign entity filing forms for the above listed entities and required filing fees for each of the above listed entities along with required filing fees for each. Please process the filing and call me with any questions at 954-560-3283. Thank you,

Very truly yours,

David H. Greenberg

with Buller

DHG/rj

COVER LETTER

TO: Registration Section Division of Corpo				
•	KANGAPODA CO	RPORATOU		
SUBJECT:	, ·	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busings."	anding" and check are sub		
Please return all correspon	dence concerning this matt	ter to the following:		
	HARD B	min72		
	Name o	of Person	/	
	KANGA	PODA CORPURA	TwW	
	Firm/Co			
	100	OLD PALIS	SABE ROAD PL-1	
	Ado	dress LCG, NJ	·	
	City/State	and Zin code		
	<u> </u>	mint2 Kanga	rpoda.com	
	E-mail address: (to be used	d for future annual report	ndtification)	
For further information co	ncerning this matter, please	e call:		
DAVID GUENSEDE (1950 at (954)	560-32	283	
Name of Person	Area Co	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
\$70.00 Filing Fee	_	☐ \$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. (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) (State or country under the law of which it is incorporated)

(State or country under the law of which it is incorporated)

(Date of incorporation)

(Date of incorporation)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607 1501 & 607 1502 F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1383 SW 12 TH AVENUE

(Principal office address)

POWPHNO RESECT, FL 33069

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) HARD P. MINTZ

1383 SW 1224 ARME

Pom PONUBLACH., Florida 33069

(City) (City) (Zip code) Name: Office Address:

9. 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) Hohard D. 191472

10. 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.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: HHOOLD Y-MINTZ		
Address: 1383 SW 12 REDUCT BEDUCT 33009		
POMINO BENCH, 7L 33069		
Vice Chairman:		
Address:		
Director:		***
Address:		
Director:		
Address:		
B. OFFICERS		
President: HARAS P. MINTZ Address: 1383 SW 1274 AVANCE	***	• • • • • • • • • • • • • • • • • • • •
Address: 1383 SW 12 W WONLE		٠,
Pourjonu BOACH, FL 33069	- 2	2- ; ¹
Vice President: Horas ?- min 72	20	7 14 FF
Address: Some AS ABOVE	72° 74' 40'	
	<u>~</u>	17.4
Secretary: Howard 7- M1472		·
Address: GMT 03 08at		
Treasurer: + Hourd ?. m11172		
Address: SOME BOBUL		
NOTE: If necessary, you may attach an archendum to the application listing additional officers	and/or director	rs.
12. VIII (12. 12. 12. 12. 12. 12. 12. 12. 12. 12.		
The officer or director signing this document (and who is listed in number 11 above) affirms that		
are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.	ment of State of	constitutes
MATIONS P- MILLITZ, PASSISON		

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

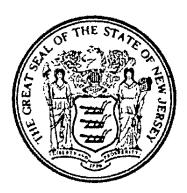
KANGAPODA CORPORATION 0400500339

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 18, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

HAROLD P. MINTZ 100 OLD PALISADE ROAD PL-14 FORT LEE, NJ 07024



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of September, 2016

Ford M. Scudder State Treasurer

Certificate Number: 6074595597

Verity this certificate online at

https://www.i.state.nj.us/TYTR_StandingCerdJSP/Verify_Cert.jsp