

F25000000 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

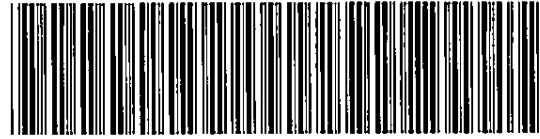
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MS



000441814770

RECEIVED
2025 JAN 16 AM 11:58
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 16 AM 8:57



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/15/2025

Name: Ovidshel Ocean Jr.

Reference #: 2625139

Entity Name: K.U. RESOURCES, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$70.00

Signature: *O. Ocean Jr.*

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. K. U. Resources, Inc.
(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. Pennsylvania 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/01/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 22 South Linden Street, Duquesne, PA 15110
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 16 AM 8:57

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.

C T Corporation System

Stephanie Honey

By:

(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

Chairman Name: Michael Dowling
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Robert Smith
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

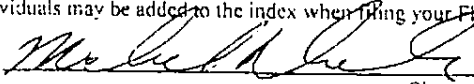
Chairman Name: Kate Sinkus
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: David Kerschner
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Tysen Miller
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Ken Krupowicz
 Vice Chairman Address: 22 S. Linden Street
 Director Duquesne, PA 15110
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Michael Dowling, President and COO
 (Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: K. U. RESOURCES, INC.
Request Type: Subsistence Certificate **Issuance Date:** January 15, 2025
Request No.: 049431030 **File No.:** 0002735798
Receipt No.: 001384451
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: January 27, 1997
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

K. U. RESOURCES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov