## F25000001072

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Codified Conice Codification of Change				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	KARES Enterprises, Inc.			
0000000	Name of	corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o		Good Stand	Authorization to Transact Business in Florida." ling" and check are submitted to register the s in Florida.	
Please return	all correspondence concerning	this matter	to the following:	
Sean Kim				
		Name of P	erson	
KARES Enterp	prises			
		Firm/Comp	pany	
1803 Business	Center Drive			
		Addres	5S	
Duarte, CA 91	010		•	
	(	City/State an	d Zip code	
sean@karesrx.	com			
	E-mail address: (	to be used fo	or future annual report notification)	
For further in	formation concerning this matt	er, please ca	JI:	
Scan Kim	at	626	531 6609	
Nam	e of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amour seck payable to: FLORIDA DEP, ing Fee	ARTMENT : Fee & □	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

KARES Enterpri	ses CA, Inc.			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)	
California 3.		N/A		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
09/29/2021		N/A		
(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A				
	(Date first transacted business it (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
1803 Business Ce	enter Drive, Duarte, CA 91010			
	(Principal offi	ice street address)		
N/A	(Current mailir	ng address, if different)		
Name and stree	(Current mailir t address of Florida registered agent: (P.C Northwest Registered Agent LLC			
	t address of Florida registered agent: (P.C			
Name and stree	t address of Florida registered agent: (P.C Northwest Registered Agent LLC	D. Box <u>NOT</u> acceptable)	2021 Ser	
Name and stree	t address of Florida registered agent: (P.C. Northwest Registered Agent LLC 7901 4th St N STE 300		2025 FE SEORE TALL	

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.

A. DIRECTORS	Sean Kim Name:	_	Robert Ojeda				
□Chairman	Name: 3016 Community Ave.	□ Chairman	Name: 2475 Hillsborough Lane,				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	La Crescenta, CA 91214	□Director	Chino Hills, CA 91709				
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	■ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□ Chairman	Name:	□ Chairman	Name:				
	6332 N Charlotte Ave.						
□Vice Chairman	Address:San Gabriel, CA 91775	□Vice Chairman	Address:				
□Director	<del></del>	□Director	-				
□President		□President	<del></del>				
□Vice President		□Vice President					
□Secretary	■ Treasurer	□Secretary	☐ Treasurer				
□Other	Other	Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	☐ Treasurer	□ Secretary	□'Treasurer				
Other		□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.							
	President of KARES Enterprises						



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: KARES ENTERPRISES

**Entity No.:** 4794581 **Registration Date:** 09/29/2021

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 17, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 285957942

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.