# F1900003633

(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:				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2019

LARRY KNOWLES

709 BRANTENBURG WAY LUTZ, FL 33548

SUBJECT: KNOWLES-BLOODWORTH, INC.

Ref. Number: W19000064824

We have received your document for KNOWLES-BLOODWORTH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized. must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 819A00014332

TEXAS CERTIFICATE OF FACT ATTACHED

# **COVER LETTER**

Division of Corporations					
'KNOWLES-BLOODWO	ORTH, INC				
SUBJECT:	me of corporati	on - must	include suffix	<del></del>	
INd	me or corporati	OII - IIIUSt	merade samx		
Dear Sir or Madam:					
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate above referenced foreign corporation	cate of Good S	tanding" a	ind check are sub	et Business in Florida." mitted to register the	
Please return all correspondence cond	erning this mat	ter to the	following:	77.5	
LARRY KNOWLES				16.	
	Name	of Person		2019 AUG	
KNOWLES-BLOODWORTH, INC				-5	
	Firm/C	ompany		mc P iii	
709 BRANTENBURG WAY	T IIII/C	ompany			
				<del></del>	
	Ad	dress		DA DA	
LUTZ, FL 33548					
1	City/State	e and Zip	code		
IRISHTIGER47@ICLOUD.COM					
E-mail add	fress: (to be use	ed for futu	re annual report i	notification)	
For further information concerning th	is matter, pleas	se call:			
LARRY KNOWLES	813 at (	)	-7625		
Name of Person	Area C	ode	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
rananassee, 112 32301					
Enclosed is a check for the following	amount:				
	Filing Fee & ate of Status		75 Filing Fee & fied 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.

(If name unavail: TEXAS		dopted for the purpose of transacting business in Florida) 47-5509989
(State or country OCT 8, 2015	y under the law of which it is incorporated)  5.	(FEI number, if applicable) 원
(Date of incorporation) PROBABLY AUGUST 2019		(Date of duration, if other than perpetual)
709 BRANTENB	(Date first transacted business in '(SEE SECTIONS 607.1501 & 607.150 URG WAY, LUTZ, FL 33548 (Principal)	Florida, if prior to registration)  102. F.S., to determine penalty liability)  11 office address)
<u> </u>	(Current mailing	g address, if different)
Name and stree	et address of Florida registered agent: (P.O LARRY KNOWLES	. Box <u>NOT</u> acceptable)
	709 BRANTENBURG WAY	<u> </u>
ffice Address:	/// //////////////////////////////////	<del></del>
Office Address:	LUTZ.	 33548 , Florida

#### 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)

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:

	ECTORS  LARRY KNOWLES
	709 BRANTENBURG
Address:	lutz. fl 33548
Vice Chai	JEFFREY KNOWLES V
	20301 ASH GROVE
	TAMPA, FL 33647
Director:	RYAN KNOWLES 75, 28
Address:	20007 PERGOLA BEND
. 144, 653,	TAMPA, FL 33647
Director:	RANDI BLOODWORTH W
Address:	16239 KALLI WAY
Address.	DADE CITY, FL 33523
B. OFF: President: Address:	E LARRY KNOWLES SEE ABOVE
Vice Pres Address:	SEE ABOVE
Secretary:	RYAN KNOWLES  SEE ABOVE
Treasurer	V.PRES RANDI BLOODWORTH V
Address:	SEE ABOVE
NOTE:	If necessary, you and officers and/or directors.
The office	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155. F.S.
13	(Typed or printed name and capacity of person signipsy application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

#### Certificate of Fact

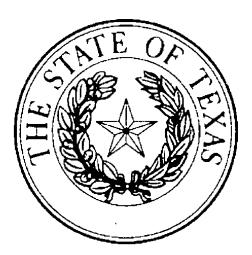
The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for KNOWLES-BLOODWORTH, INC. (file number 802307632), a Domestic For-Profit Corporation, was filed in this office on October 07, 2015.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: October 08, 2015

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 02, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza
Deputy Secretary of State

Fax: (512) 463-5709 TID: 10264