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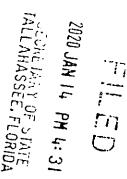
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COVER LETTER

TO:

то:	Registration Section Division of Corporations
CT (3) YEC	K and H Ventures, LLC
SUBJE	Name of Limited Liability Company
The enc Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter to the following:
	Carol McAtee
	Name of Person
	McAtee & Associates, CPAs, PA Firm/Company S401 Central Avenue
	Firm/Company
	Address St. Petersburg, FL 33710
	- Class
	City/State and Zip Code
	info@accpas.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Cheri Papadimitriou 727 327-1999 at (
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy S160.00 Filing Fee, Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Lin				
ame unavailable, enter alternate na	ime adopted for the purpose of transacting business in	Florida. The alternate name must incl	ude "Limited Liabili	ry Cohipany," "ESC," or "	(.LC.")
owa		47-1843936 3		LA S	-11
(Jurisdiction under the law of wh	sch foreign littited liability company is organized)		(FEI number	(fagihcable)	<u> </u>
Jan 2020				SEE T	[7]
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)	<u> </u>	PR 4:	
	(See sections 605,0904 & 605,0905, F.S. to de	PO Box 253		SET W	
1921 51st St NE		6	(Mailing Addres	<u> </u>	
(Street Address of F	'rincipal Office)		(Maning Musica	,	
Cedar Rapids, IA 5230)2	Hiawatha, IA	52233		
Name and street addres	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	<u></u>		
	ss of Florida registered agent: (P.O.) Carol McAtee	Box <u>NOT</u> acceptable)			_
Name and street address Name: Office Address:		Box <u>NOT</u> acceptable)			
Name:	Carol McAtee		33710 a		_
Name:	Carol McAtee 5401 Central Avenue	Box <u>NOT</u> acceptable)	33710 a (Zip code)		_

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Jamie Hoth Name: Jason Klein Manager Manager PO Box 253 PO Box 253 Member Address: Member Hiawatha, IA 52233 Hiawatha, IA 52233 Authorized Authorized Person Person Other_ Other Other____ Other_ Manager Name: _____ Manager Member Address: Address: Member Authorized Authorized Person Person Other_ Other _____ Other Name: Manager Name: ______ Manager Address: _____ Address: Member Authorized Authorized Person Person ___Other______ Other Other____ Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Jason Klein

Typed or printed name of signee

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 1/8/2020

Name: K AND H VENTURES, LLC (489DLC - 485832)

Date of Incorporation: 9/16/2014

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incomorations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS184581

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State