

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000148992 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number: 076666002140 Phone : (727)461-1818 Fax Number : (727)441-8617

**Enter the email address for this business entity to be used for future Annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company 4K Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

J. HARRIS

850-617-6381 -

6/22/2015 9:01:39 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHNSON POPE

June 22, 2015

SUBJECT: 4K ENTERPRISES, LLC

REF: W15000042404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: B15000148992 Letter Number: 015A00012989 850-617-6381

6/18/2015 5:09:53 PM PAGE 1/001 Fax Server



June 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHNSON POPE

SUBJECT: 4K ENTERPRISES, LLC

REF: W15000042404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H15000148992 Letter Number: 515A00012875

15 JUN 22 AM 8: 2

(((H15000148992 3)))

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

IN COMPLIANCE WITH SECTION 615,0403, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 4K Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Dability Company," "L.L.C.," or "[.J.C.") (If name unuvailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Virginia. number, il applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5301 Gulf Boulevard, Unit B609 St Potorsburg, Florida 33706 (Street Address of Principal Office) 5301 Gulf Boulevard, Unit 8609 St Petersburg, Florida 33706 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Krewasky A. Salter Name: 5301 Gulf Boulevard, Unit B609 Office Address: St. Petersburg (City) Registered agent's acceptance: Having been numed as ragistered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appaintment 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 eightered agent. (Registered agent's signature) ...The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MSR Krewasky A, Salter 5301 Gulf Boulevard, Unit B609 St. Petersburg, Florida 33701 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 egrificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted; Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

(((H15000148992 3)))

degree felony as provided for in 5.817.155, F.S.)

Krewasky A. Salter

(((H15000148992 3)))

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That 4K Enterprises, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 20, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified



Signed and Sealed at Richmond on this Date: May 29, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1505295768