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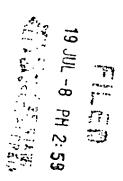
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June 27, 2019

STEVE GRIFFIN 971 VIRGINIA AVE., STE E PALM HARBOR, FL 34683

SUBJECT: KOKO 52, LLC Ref. Number: W19000057605

We have received your document for KOKO 52, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please assign one principal and mailing address.

Please list the complete principal office address.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 719A00013088

RECEIVED
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June 18, 2019

STEVE GRIFFIN 971 VIRGINIA AVE., STE E PALM HARBOR, FL 34683

SUBJECT: KOKO 52, LLC Ref. Number: W19000057605

We have received your document for KOKO 52, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00012247

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COVER LETTER

| TO: | Registration Section Division of Corporati | ons | | |
|---------|--|--|--|---|
| 04154 | | Kok | 10 52 LLC | |
| 2C-B1 | ECT: | | Limited Liability Company | · |
| | | | | ransact Business in Florida." Certificate of ity company to transact business in Florida. |
| Please | return all correspondence | concerning this matter to the | following: | |
| | Steve Griffin | | | |
| | | N | lame of Person | |
| | GRIFFIN Tax | | | |
| | - | F | irm/Company | |
| | 971 Virginia | Ave., STE E | | |
| | | | Address | |
| | Palm Harbor. | FL 34683 | | |
| | - | City/S | State and Zip Code | |
| | steve.griffin@g | riffintax.com | | |
| | · · · · · · · · · · · · · · · · · · · | E-mail address: (to be use | d for future annual report n | otification) |
| For fun | ther information concerni | ng this matter, please call: | | |
| | Steve Griffin | | 727 953-8 at() | 889 |
| | Name | of Contact Person | Area Code Da | aytime Telephone Number |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registra Clifton 2661 Ex | TADDRESS: n of Corporations ation Section Building securive Center Circle ssee, FL 32301 |
| Enclose | id is a check for the follows: | wing amount: S130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy | S160.00 Filing Fee. Certificate 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:

| (Name of Fore) | | | |
|--|--|--|---|
| It name mayailable, amer atternar | ename adopted for the purpose of missacting business | in Florida. The alternate name must include "Litt | nited Liability Company 1176 L.C. Conscience (1) |
| Delaware | which foreign limited hability company is organized) | | FEI number, it applicables |
| | which total source intents condens, is estimated. | , | |
| 4. 05/14/2019 | Due 6- and and harries in Florida it in | mar la representant l | |
| | (Date first transacted business in Florida, if p (See sections 605 0904, & 605 0905, F.S. to c | | |
| 5 | 339 Ontario Ave. | 6. PO Box 763 | ling Address |
| Crystal Beach, FL 34 | - | Crystal Beach, FL 34 | • |
| | | | Area to |
| | | | |
| | ess of Florida registered agent: (P.O. | Box NOT acceptable) | |
| | Steve Griffin | | |
| Name: | Sieve Gillin | | P 111 |
| Office Address | 971 Virginia Ave., STE E | <u></u> | 7.2 |
| | Palm Harbor | 3169 | |
| | 1 41111 1141 001 | Florida 3700 | 33 📆 📆 📆 |
| Having been named as lesignated in this applic o comply with the prov | eptance: registered agent and to accept service | ent as registered agent and agree oper and complete performance o | imited liability company at the place to act in this capacity. I further agree |
| Having been named as designated in this applic to comply with the prov and accept the obligation | eptance: registered agent and to accept service ration, I hereby accept the appointme isions of all statutes relative to the pr ms of my position as registered agent (Registered a | e of process for the above stated lient as registered agent and agree coper and complete performance of | imited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with |
| Having been named as designated in this applice to comply with the provend accept the obligation | eptance: registered agent and to accept service cation, I hereby accept the appointme isions of all statutes relative to the pr ns of my position as registered agent | e of process for the above stated lient as registered agent and agree coper and complete performance of | imited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with |
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| Having been named as designated in this applicated in this applicated comply with the provend accept the obligation. 8. The name, title or ca | eptance: registered agent and to accept service ration, I hereby accept the appointme isions of all statutes relative to the pr ms of my position as registered agent (Registered a pacity and address of the person(s) wh Name and Address: James Colston | e of process for the above stated hent as registered agent and agree toper and complete performance of the signature. The has/have authority to manage is Title or Capacity: AMBR | imited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with vare: Name and Address: Angela Colston |
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| Having been named as designated in this applicated in this applicated comply with the provined accept the obligation. 8. The name, title or catrice or Capacity: AMBR (Use attachments if necessary and accept the capacity in the capacity | petance: registered agent and to accept service registered agent and to accept service registered agent accept the appointme risions of all statutes relative to the pr registered agent (Registered agent Pacity and address of the person(s) with Name and Address: James Colston Crystal Beach, FL 3444 ressary) researcy restary re | e of process for the above stated hent as registered agent and agree toper and complete performance of the superior of the superior superi | imited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with Name and Address: Angela Colston Trystal Beach, FL 34681 cial having custody of records in the ranslation of the certificate under oath |
| designated in this applicate comply with the provand accept the obligation. 8. The name, title or can a Title or Capacity: AMBR (Use attachments if necessary in the complete comple | peptance: registered agent and to accept service registered agent and to accept service registered agent accept the appointme registers of all statutes relative to the pr registered agent (Registered agent Pacity and address of the person(s) which it is organized. (If the certi- | e of process for the above stated hent as registered agent and agree toper and complete performance of the superior of the superior superi | imited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with ware: Name and Address: Angela Colston 339 Ontorio A Crystal Beach, FL 34681 cial having custody of records in the ranslation of the certificate under oath |

Triped or printed name of signer

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KOKO 52 LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOKO 52 LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203088830

Date: 06-24-19

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