

FILE 0000000427

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(Address)

(Address)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

JAN 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
JKO SOLUTIONS INC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
BARBARA FERNANDEZ

Name of Person
TAX AND TRUCK ZONE LLC

Firm/Company
2 W MONUMENT AVE SUITE 203

Address
KISSIMMEE, FL 34741

City/State and Zip code
CS@TAXANDTRUCKZONE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA FERNANDEZ 407 201-3971

Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.*

WKO SOLUTIONS INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
TEXAS 47-3186495

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/17/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

3338 MT Everest, Dallas, TX 75211

7. _____
(Principal office address)
5464 E Michigan St Apt# 4, Orlando, FL 32812-7827

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TAX AND TRUCK ZONE LLC

Office Address: 2 W MONUMENT AVE SUITE 203

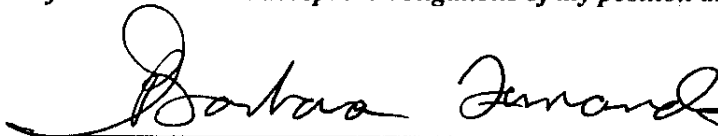
KISSIMMEE

34741

_____, Florida _____
(City) (Zip code)

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.

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2016 JAN 27 PM 12:09
TALLAHASSEE FLORIDA

11 Names and business addresses of officers and/or directors:

A. DIRECTORS

Jhonnatan Gutierrez

Chairman:

5464 E. Michigan St. Apt#4, Orlando, FL 32812-7827

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

Jhonnatan Gutierrez

13.

(Typed or printed name and capacity of person signing application)

2010 JAN 27 PM 12:09
TALLAHASSEE FLORIDA

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



Carlos H. Cascos
Secretary of State

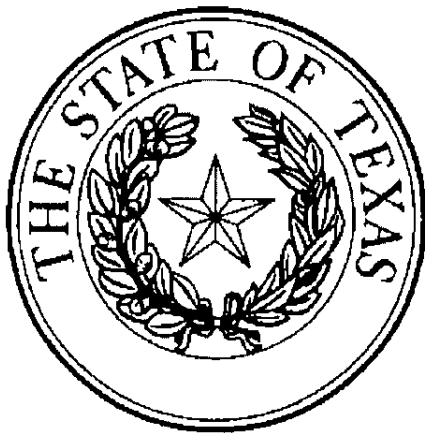
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JKO SOLUTIONS INC (file number 802158033), a Domestic For-Profit Corporation, was filed in this office on February 17, 2015.

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

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 January 22, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State