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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone Fax Number : (323)962-8600 : (323)962-3889

\*\*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 PROFIT/NONEROF! WERNER & COMPANY P.A.

Certificate of Status	U
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## 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 unavaila	ible in Florida, enter alternate corporat	te name adopted for the purpose of transacting business in Florida)
Texas		3
December 9, 200		5 5
(Date 10/01/17	of incorporation)	(Date of duration, if other than perpetual)
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)
·		(Principal office address)
Name and stree	(Curre t address of Florida registered age WERNER & COMPANY P.A.	ent mailing address, if different)
ffice Address:	1205 NE 5th Street, Suite B	
	Crystal River	34429 , Florida
	(City)	(Zip code)
laving been nam esignated in this orther agree to co	application, I hereby accept the a omply with the provisions of all st	ept service of process for the above stated corporation at the pla appointment as registered agent and agree to act in this capacit atutes relative to the proper and complete performance of my ations of my positions fregistered 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.

	FILED	
11. Names and business addresses of officers and/or directors:	18 APR 13	
A. DIRECTORS	SECRETARY OF	
Chairman:	ALL AHASSIT STATE	
Address:	* ORIOA	
Vice Chairman:		
Address:	<i>≨</i> 7	
/Addicss.		
Colly Timmerman		
1205 NE 5th Street, Suite B, Crystal River, FL 34429		
Director:		
Address:		
B. OFFICERS		
President:		
Address: 1205 NE 5th Street, Suite B, Crystal River, FL 34429	24.	
	×.	
Vice President:		
Address:		
	Account of	
Secretary:		
1205 NE 5th Street, Suite B, Crystal River, FL 34429 Address:		
Jeff Werner Treasurer:		
1205 NE 5th Street, Suite B, Crystal River, FL 34429 Address:		
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.	
12. Kelly Ummerne		
Signature of Director. The officer or director signing this document (and who is listed are true and that he or she is aware that false information submit a third degree felony as provided for in s.817.155, F.S.	in number 11 above) affirms that the facts stated herein	
13. Kelly Timmerman, President	 н	
(Typed or printed pame and capacity of	fnerson signing application)	

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



Rolando B. Pablos Secretary of State

## Office of the Secretary of State

## Certificate of Fact

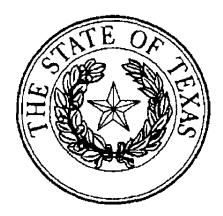
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for KT Inspection Service Inc. (file number 801202700), a Domestic For-Profit Corporation, was filed in this office on December 09, 2009.

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 25, 2018.

λt.,



Phone: (512) 463-5555

Prepared by: SOS-WEB

(K)

Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 790476620003