PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2021 FEB 24 PM 12:42

STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L17000144465

1. Limited Liability Company's Name
KUSSMON SERVICES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5348 RABBIT RIDGE TRAIL	5348 RABBIT RIDGE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32818 Country: USA	Zip: 32818 Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 07/05/2017

6. FEI Number: 82-2081587 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: EVET KERR

Street Address (P.O. Box Number is Not Acceptable) Suite,
5348 RABBIT RIDGE TRAIL

Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32818

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: EKerr Date: 2/22/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	EVET KERR	5348 RABBIT RIDGE TRAIL	ORLANDO, FL 32818
OPERATIONS MNGR	KENNETH WILLIAMS	14416 SW 159TH STREET	MIAMI, FL 33177
			FEB 25 2021

11. E-mail Address: kenw426@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am 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.

Signature of authorized representative/member: EKerr Date: 2/22/21 Daytime Phone #: (407) 218-3086

Typed or printed name of signing authorized representative/member: EVET KERR