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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Address)
PICK-UP WAIT MAIL (Business Entity Name)	(Address)
(Business Entity Name)	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
(Document Number)	(Business Entity Name)
	(Document Number)
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Special Instructions to Filing Officer:

W09-39419

A. LUNT

SEP 10 2009

EXAMINER

Office Use Only



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**130.00

2009 SEP -9 PH 1: 28
SECRETARY OF STATE
ALLAHASSEF, FINANCE



September 2, 2009

SHAWN ROHDE 11611 MARINO CT #1002 FT. MYERS, FL 33908

SUBJECT: KIKISOL, LLC Ref. Number: W09000039419

We have received your document for KIKISOL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 245-6094.

Letter Number: 309A00029293

Agnes Lunt Regulatory Specialist II

COVER LETTER

Division of Corporations
SUBJECT: Ki Ki Sol, LLC Name of Limited Liability Company
Name of Limited Liability Company .
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Shawn Rohde Name of Person
KiKiSol, LLC Firm/Company
11611 Marino Ct. #(002 Address
Fort Meyers, FL 33908 City/State and Zip Code
Shawn & Ki Ki Sol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawn Rohd at (1646) 361-8471 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & } \text{\$155.00 Filing Fee & } \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{\$\$0 Status & Certified Copy}

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF ELORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1 Ki Ki Sal Ida	
1. K'. K'. Sol, ULC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy o	f the writte
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I	
Company," "L.L.C," "LLC.")	
2. Minnesota 3. 26-4192253	
2. MinneSota (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-4192253 (FEI number, if applicable)	
4. 2/5/09 5. Perpetual (Duration: Year limited liability company will cease	e to
exist or "perpetual")	2000
6. None yet	<u> </u>
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1/6/1 Marino Ct. #1002	
	<u> </u>
Fort Meyers, FL 33908 (Street Address of Principal Office)	<u>. </u>
(Street Address of Principal Office)	<u>သ</u>
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Shawa Rohda	
11611 Marino Ct. #1002	
Fort Myers fr 33908	
10 Americalism in the action of the control of the	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	
translation of the certificate under oath of the translator must be submitted.)	., a
11. Nature of business or purposes to be conducted or promoted in Florida:	
Wholesale retail of bedding linens Shau Rohd	
$\mathcal{O}_{\mathcal{A}}$	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	
<u>Shawn Rohde</u>	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
<u>KikiSol, uc</u>		· · · ·
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: Shawn Rohd (Name) [Name] Florida Street Address (P.O. Box NOT ACCEPTABLE)	2009 SEP -9 PM 1:28 SECRETARY OF STATE TALLAMASSEE. FLORIDA	
Fort Meyers FL 33908 City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Space Rohan (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

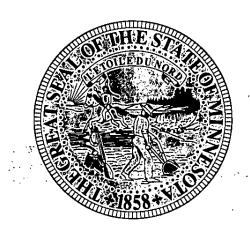
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: KikiSol, LLC

Date Formed or Registered: February 3, 2009

State of Organization: Minnesota

This certificate has been issued on July 22, 2009.



Mark Ritchie
Secretary of State.