	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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	To: Division of Corporations Pax Number : (850)617-6393	
	Prom: Account Name : C T CORPORATION SYSTEM Account Number : FCAD00000023 Phone : (850)222-1092 Fax Number : (850)878-5368	
	*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 Limited Lizbility Company KIRLIN FLORIDA, LLC	
	Certificate of Status 0	ALL -
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B. BOSTICK JUL 18 2011 EXAMINER, 7/15/2011

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COVER LETTER

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TO: Registration Section Division of Corporations

ORIDA SUBJECT:

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:

Charles F. Mitchell
Name of Person
KGM Services, Inc.
Firm/Company
515 Dover Road, Suite 2100
Address
Rockville, MD 20850
City/State and Zip Code
CMITCHELL @ JJKLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



S125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(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 of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2.	Delaware 3.	
	(Jurisdiction under the law of which foreign limited liability (PEI number, If applicable) company is organized)	
4.		
6.	the to a land the being	
7.	" 3125 West Commercial Bowlerard, Suite 200_	
	Fort Landerdelle Florida 33309 E	
8.	. If limited liability company is a manager-managed company, check here	Ť
9.	The name and usual business addresses of the managing members or managers are as follows: $\overline{\Box}_{O}$	-
	KGM Services, Inc.	
	515 Dover Road, Suite 2100	
	Rockville, Maryland 20850.	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatormust be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: <u>Commercial</u>

Construction . Signature of a member or an authorized representative of a member. (In accordance with section 608.409(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts slated herein are true. I am aware that any 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.) Charles F. Mitchell, KOm Services, Inc. Typed or printed name of signed

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:

Kirlin Piorida, LLC

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:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324 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.

C T Comporation System By:	Mark Brinkman - Vibe President and Assistant 6	Bonetary	JUL	
(Signature)	AIDR LIPPIGOULOUP LANGE		ப	je vine name
		ריין. דייייי	Цd	

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

FL057 - 10/05/2010 C T System Online



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIRLIN FLORIDA, 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 FIFTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

TH JUL IS PH 5:50

AUTHENTICATION: 8904752

DATE: 07-15-11



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110826019 You may verify this certificate online at corp.delevare.gov/authvor.shtml