

M110000005229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

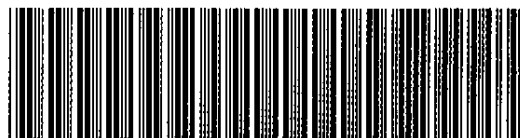
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000213166660

10/18/11--01014--004 **130.00

FILED
11 OCT 18 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen OCT 19 2011

CJKING-31,LLC

dba Ghost Armor
14900 Lancelot Lane West
North Royalton, OH 44133
(440) 840-2609

Florida Dept. Of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Application for Registration

To Whom it may Concern;

Please accept this application and required documentation so that we may register CJKING-31, LLC to transact business in Florida. We are a licensee of Ghost Armor, with headquarters located in Phoenix, AZ. We currently operate three mall carts in the Atlanta, Georgia area and are expanding into the Orlando, Florida area.

We are requesting to be registered in Florida immediately and ask that you please contact me should you require additional information.

Thank you for your anticipated cooperation and we look forward to a long and prosperous relationship in Florida.

Sincerely,



Alane M. King
Managing Partner
alanemking@gmail.com
(440) 840-2609

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJ KING - 31, LLC
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:

Alane M. King
Name of Person

CJ KING - 31, LLC
Firm/Company

14900 Lancelot Lane West
Address

N. Royalton OH 44133
City/State and Zip Code

alanemking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alane M. King at (440) 840-2609
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

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CJ KING - 31, LLC.
(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. Ohio 3. 27-2624306
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 4, 2011 5. _____
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. August 5, 2011
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 14900 Lancelot Lane West
North Royalton OH 44133
(Street Address of Principal Office)

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:

Alane M. King - 14900 Lancelot Lane West N. Royalton OH 44133
Cory J. King - 409 Oglethorpe Dr. NE Atlanta GA 30319

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody 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 translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: mall carts -
protection for electronics equipment and cell phones

Alane M. King
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. 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.)

Alane M. King
Typed or printed name of signee

FILED
11 OCT 18 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

CKING -31, 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:


Paul M. Boroski
(Name)

2041 SW 23RD Ave.
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Ft. Lauderdale FL 33312-4515
City/State/Zip

FILED
11 OCT 18 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature)

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

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CJKING-31, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1995695, was organized within the State of Ohio on February 04, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 13th day of August, A.D. 2011*

Jon Husted

Ohio Secretary of State

Validation Number: V2011225AEC26F