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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Stavers JUN 1 3 2014

Memo

To: Florida SOS - Corporations Division

From: Ken Kavanaugh Jr- KWK PAY IT FORWARD, LLC.

Date: 6/6/2014

Re: Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Hello-

This cover memo conveys the documents and payment necessary to register a Foreign Limited Liability Corporation in the State of Florida, pursuant to s. 605.0902, Florida Statutes. Three of the four documents were printed from your website.

Included are four pages:

- 1. Registration Cover Letter
- 2. Application for Authorization
- 3. Certificate of Designation of Registered Agent/Registered Office
- 4. Certificate of Existence with the original seal from the State of Georgia for the KWK PAY IT FOREWARD, LLC. –Less than 90 days old dated 4.8.14

Those documents should complete the registration requirements from my end including the payment via **check for \$160**. The \$160 includes payment for the:

- Application fee -\$100
- Designation of Registered Agent -\$25
- Certified Copy -\$30
- Certificate of Status -\$5

This LLC, formed in Georgia last fall, simply owns a home in Florida, which I rent part of the year on a weekly basis. Although the LLC doesn't do business in Florida I am registering it to make sure I have covered all the bases since it now owns the home there.

Please contact me if you have any questions.

Ken Kavanaugh Jr.- Manager and Sole Member KWK PAY IT FORWARD, LLC

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: KWK PAY IT FORWARD, 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:
Ken KAVAWAUGH JR. Name of Person
Firm/Company
870 Murfiero Rioae
Address
Marie Ha, GA 30068 City/State and Zip Code
E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Ken Kavavasa Je at (770) 364 2975 Name of Contact 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: \$\Begin{array} c c c c c c c c c c c c c c c c c c c

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

IN COMPLIANCE WITH SECTION 605.0902, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 8. 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) Signature of an authorized person-(In accordance with section 605.0203, 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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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: KWK PAY IT FORWARD, 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:	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)	14 JUH 12
Having been named as registered agent and to accept service of process for the above stated limited	明 明 四
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 605, 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)

Secretary of State

Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 140408K22
CONTROL NUMBER : 13459397
DATE INC/AUTH/FILED: 10/07/2013
JURISDICTION : GEORGIA
PRINT DATE : 04/8/2014

FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KWK PAY IT FORWARD, LLC A DOMESTIC LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B= P.L

Brian P. Kemp Secretary of State