M1500003215

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



600271519476

04/20/15--01037--006 **125.00

SECRETARY OF STATE

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	15		
SUBJ	ЕСТ:	Kevin Do Name of Limite	COEII LLC	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence c	oncerning this matter to the	following:	
		Kevic	<u>Darnell</u>	
			ame of Person ournell, LL irm/Company	C
	<u></u>		lintage View	
		Lakelanc City/s	LFL 33	812
		E-mail address: (to be used	ell equail.	COM ration)
For fu	ther information concerning	g this matter, please call:		
	Kevid Name o	Darrell f Contact Person	_ at (81 – 2140 ytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Es	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	
Enclo	sed is a check for the for \$125.00 Filing Fee	ollowing amount: \$\square\$ \$\\$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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGIST	TER A	1
1			
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
Kevin Darnell Solutions LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Liability Company," "L.L.C," or "LLC.")	de "Limi	ted	
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. 47-2329409 (FEI number, if applicable)			
company is organized)] [61]	2	
4. January 1, 2015	· · · · · · · · · · · · · · · · · · ·	2115	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		APR	<u> </u>
5. 5465 Vintage View Blud Lakeland, FL 33812 (Street Address of Principal Office)	22	20	ILEU
Lakeland FL 33812	世分	ヱ	
(Street Address of Principal Office)	黔	ਨ	
6. 2161 Hwy 540-A Suite 264		9	
Lakeland, PL 33813			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are	ð:		
George Kevin Darnell, Owner			
54105 Vintago View Blad			
5465 Vintage View Blvd			
Lakeland, FL 33812			
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the must be submitted)	s not		
Z nl-ed			
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 sta 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.817.15	ited herein 55, F.S.)	are tru	e. I
Kevin Darnell			
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:
Kevin Darnell LLC
If unavailable, the alternate to be used in the state of Florida is:
Kevin Darnell Solutions LLC
2. The name and the Florida street address of the registered agent and office are:
1st Class Bookkeeping Professionals Inc.
4730 Valley Hill Court Florida Street Address (P.O. Box NOT ACCEPTABLE)
Lakeland FL 33813 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 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KEVIN DARNELL, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEVIN DARNELL, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5602869 8300

150442052

AUTHENTY CATION: 2250927

DATE: 03-31-15

You may verify this certificate online at corp.delaware.gov/authver.shtml