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

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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER DATE: **1-31-15** WALK IN

NAME: KISUMU LLC		
PLEASE FILE THE ATTACHED AND RETURN:		
PLAIN COPY CERTIFIED COPY		
CHECK #1851 AMOUNT:165		
PLEASE CONTACT TINA AT 850-508-1891 FOR FURT INFORMATION ON THIS MATTER!	2015 JUL 31 SECTETARY TALEMASSEE	FILE
THANK YOU SO MUCH!	A IO: 56 OF STATE J. FLORIDA	Ö
TINA GOFF, PRESIDENT		
SUNSHINE CORPORATE & FILING SERVICES, INC.		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Kisumu, LLC (Name of Possiga 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.') 2. Delawere (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 399 Fan Palm Way Plantation, FL 33324 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 9200 South Dadoland Blyd. Suite 508 Office Address: Miami Plorida ³³¹⁵⁶ (City) Registered agent's acceptance; Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's algusture) Michael A. Barr, President
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Seems K. Abbhi, Manager 399 Fan Palm Way, Plantation, FL 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted) 5. K Abbli Signature of an authorized person (In accordance with section 605.0203, P.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

Typed or printed name of signee

degree falony as provided for in s.817,155, F.S.)

Seema K. Abbhi

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KISUMU, 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 JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KISUMU, LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4503504 8300

151117794

AUTHENTY CATION: 2605944

DATE: 07-31-15

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