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(Re	questor's Name)	
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**SEP** 0 2 2015 **J SHIVERS** 



May 19, 2015

LADY PHILLIPS 1385 STARKEY RD LARGO, FL 33771

SUBJECT: KIOS BATHROOMS AND KITCHENS LLC

Ref. Number: W15000035414

We have received your document for KIOS BATHROOMS AND KITCHENS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00010506

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Kios Bathrooms and Kitchens LLC					
being it.	Name of Limited Liability Company					
	Application by Foreign Limited Liability Competers are submitted to register the above references.					
Please return al	l correspondence concerning this matter to the	following:				
	1.2	ady Phillips				
	N	ame of Person				
	Kios Bath	rooms and kitchen	S			
	Firm/Company					
	1385 Starkey Rd					
	Address					
	I.arg	30 FL 33771				
	City/S	tate and Zip Code				
	Lady@K	liosgroupusa.com				
	E-mail address: (to be used	d for future annual	report notification)			
For further info	rmation concerning this matter, please call:					
	Lady Phillip	727 at (	216-7910			
	Name of Contact Person	Area Code	Daytime Telephone Number			
Divisi Regist P.O. E	ANG ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	neck for the following amount:  5.00 Filing Fee	☐ \$155.00 Filing Certified Copy	g Fee & \$160.00 Filing Fee, Certified Copy	ificate		

### 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 BY INTERESTATE OF FLORIDA:

1.	Kios Bathrooms ar imited Liability Company; mu	nd Kitchen LLC	10.17.0	11 11 1 C 11 -	- 61 1 (12)	
(Name of Foreign I.	imited Liability Company; mu	ist include "Limit	ed Liability Compan	oy," "L.L.C.," o	or "LLC.")	
If name unavailable, enter alternatiability Company," "L.L.C," or "l		_				de "Limited
DE.		3	47.	-1642202		
(Jurisdiction under the law of wh company is organized)	ich foreign limited liability		47- (FEI numb	er, if applicable	<b>c</b> )	
	March 23rd	1 2015				
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if p 5.0905, F.S. to det	orior to registration.) ermine penalty liabi	lity)	<del></del>	
	1385 Starkey Rd Lar					
	(Street Address of	_				
	(Micel Address of	-				
·					<del></del>	
	1385 Starkey Rd Lar	-				
	(Mailing	Address)				
. Name and street address of I	Florida registered agent: (P	O. Box NOT a	ecceptable)			
Name:	Lady Phi	11:05				
Office Address:	1385 Starkey R					
<u></u>	Largo FL		, Florida _	33771		
tegistered agent's acceptance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Zip code)		
laving been named as register his application, I hereby accep with the provisions of all statut he obligations of my position o	of the appointment as regis les relative to the proper and as registered agent.	stered agent and	l agree to act in th formance of my d	is capacity. I	I further agre	e to comply ith and accep
3. The name, title or capacity a	and address of the person(s)	) who has/have :	authority to manag	e is/are		2
ady Phillips, Buisness Manag					200	j.,
	,				(V) - 4°	2.30 m
					<u> </u>	
					6 6	A TOTAL
Attached is a certificate of ex urisdiction under the law of wh of the translator must be submit	ich it is organized. (If the c	certificate is in a	foreign language,	official having a translation	General Conference of the certification	ecords in the ate under oath
(In accordance with section 605 the facts stated herein are true. I degree felony as provided for in	am aware that any false in		constitutes an aff			

Lady Phillip
Typed or printed name of signee

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KIOS BATHROOMS AND KITCHENS 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 NINETEENTH DAY OF JUNE, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIOS BATHROOMS AND KITCHENS LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2014.

15 SEP - I AM 8: 59

5590093 8300

150946293

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2483048

DATE: 06-19-15

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