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(R	Requestor's Name)	`~
A)	ddress)	
A)	ddress)	
(C	City/State/Zip/Phone	; #)
(B	Business Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

TO: **Registration Section Division of Corporations**

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King, Shores ¢ rreston SUBJECT: 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:

C.J. King				
Nanie of Person				
King, Shores & Preston CPAS, LLC Firm/Company				
r nn conquing				
2707 Brambleton Ave SW				
Address				
Roanoke, Virginia 24015 City/State and Zip Code				
City/State and Zip Code				
CjKING @ KINg - Shores CPAS, COM E-mail address: (to be used for future annual report notification)				

at (

For further information concerning this matter, please call:

Name of Gentact Person

540 776-0771 Daytime Telephone Number Area Code

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 S130.00 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

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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.

I	King, Shores & Preston CPAS, LLC		-
(Name of Fore	ign Limiled Liability Company; must include "Limited Liability Company," "LL.C.,"	or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate n $r_{0} = 110$	ame must include "Lir	nited
2. Virain	1a 3. 54-164314	1	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicab	lc)	-
4	(Date first transacted business in Florida, if prior to registration.)		
5 270	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7 Brambleton Ave. SW		
······································	Noke, Virginia 24015 (Street Address of Principal Office)	HAT SHALL	
	- ASS -	Concentration	
6. <u>270</u>	7 Brambleton Ave, SW		
Rou	Inoke, Virginia 24015		E
7 Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	I: 50	
Name:	REGISTERED AGENT SOLUTIONS, INC.		
Office Address:	155 Office Plaza Dr. Suite A		
	Tallahassee, Florida32301		
Registered agent's accept	(City) (Zip code)		
this application, I hereby	gistered agent and to accept service of process for the above stated corporation (crept the appointment as registered agent and agree to act in this capacity.	I further agree to co	o mpl y
with the provisions of all s the obligations of my posit	tartes relative to the proper and complete performance of my duties, and I a top as registered agent	nm familiar with and	d accept
	Misido Unon	_	
	(Registered agent's signature)		
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are: A = A = A = A = A = A = A = A = A = A =	until In Am	Su Roinde VA
Rusce	25 Jackson King-Partner 2707 Bar 211 Shores-Partner 2707 Brambluton	Ano GUIPA	24015
	In Spickes wind and Diamondori	<u>INC</u> W KU	24015
0 Attuched is a contificate	of existence, no more than 90 days old, duly authenticated by the official having	u austadu afracada	in the
	f which it is organized. (If the certificate is in a foreign language, a translation		
of the Datatatol most be su			
	Signature of an authorized preson	_	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that at the Department of State constitutes a third degree felony as provided for in s.81	ny false information 7 155 F S	
and the second to	C = King		
	Typed or printed name of signce	_	

Commonbrealth & Hirginia



CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That King, Shores & Preston CPAs, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 9, 1996; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



CISECOM Document Control Number: 1508275374 Signed and Sealed at Richmond on this Date: August 27, 2015

Clerk of the Commission