# M15000008995

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Coolinger Livery, 12,110)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: WIS 66981 CEFF. THE AUTH. PERS							
,							
Office Use Only							

500277590215

10/01/15--01019--002 \*\*125.00

2015 OCT 26 P 4: OT-

OCT 27 2015

**3 MASON** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

LYNNE A. KRALIK 200 2ND AVENUE SOUTH, SUITE 140 ST. PETERSBURG, FL 33701

SUBJECT: LKM CORPORATION, LLC

Ref. Number: W15000066981

We have received your document for LKM CORPORATION, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 515A00021336

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	ıs								
SUBJECT:	LKM Corporation L									
		Name of Limited Liability Company								
The enclosed Existence, ar	I "Application by For ad check are submitte	eign Limited Liability Compo d to register the above refere	any for Authorization nced foreign limited	on to Trai I liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida				
Please return	all correspondence of	concerning this matter to the	ollowing:							
	Lynne A Kralil	<								
	Name of Person									
LKM Corporation LLC										
	Firm/Company									
	200 2nd Ave S, Suite 140,									
	Address									
	St Petersburg, Fl. 33701									
	City/State and Zip Code									
completepropertiesflorida@gmail.com										
		E-mail address: (to be used for future annual report notification)								
For further is	nformation concernin	g this matter, please call:								
Lynne Kralik		941 _at (	356-725							
	Name o	of Contact Person	Area Code	Day	time 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								
	a check for the follow \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop					

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LKM Corporation, LL			ide "Limited Liability Company," "L.L.C.,	," or "LLC.")		
(If name unavailable, enter a	Iternate name adopted for the nurpos	e of tra	ansacting business in Florida. The alternate	name must inc	clude "Limited	
Liability Company," "L.L.C,		. Oi ua	misdeting business in Florida. The internate	, nume must me	siddo Elimed	
2. Nevada		3.	47-2625278			
(Jurisdiction under the law company is organized)	Jurisdiction under the law of which foreign limited liability (FEI number, if appli company is organized)					
4. Sept 1, 2015						
	(Date first transacted busine	ss in F	lorida, if prior to registration.) F.S. to determine penalty liability)			
5. 615 27th St S Suite A			Tion to determine politics, salarity,			
St Petersburg, Fl. 3371						
	(Street Address of I	rincip	pal Office)	<del></del>		
6. 200 2nd Ave #140						
St Petersburg, Fl 3370	1				en '	
	(Mailing /	Addres	ss)			
7 Name and street address	ss of Florida registered agent: (P.	O Be	NOT accentable)		anny saudi	
	Lynne Kralik	0. 50	in in interest in the interest in interest	- SE &	2	
Name:	-			r-17	0	
Office Address:	200 2nd Ave S #140				1. 2	
	St Petersburg		, Florida 33701		e: O	
Registered agent's accep	(City)		(Zip code	·) P	···	
designated in this applica to complywith the provisi accept the obligations of	ition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regist	ment prope	f process for the above stated limited as registered agent and agree to act it and complete performance of my dispent's signature)  has/have authority to manage is/are:	n this capacit	ty. I further agree	
Edward Smeltz	ar.					
200 2nd Ave S, #140	J				_	
St Petersburg, FI 33701					_	
	of which it is organized. (If the coubmitted)	ertific	l, duly authenticated by the official havate is in a foreign language, a translation			
			1) (b), Florida Statutes. I am aware tha hird degree felony as provided for in s			

Typed or printed name of signee

Lynne Kralik

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LKM CORPORATION**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 18, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 21, 2015.

Bollans K. Cegerske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20151021-0384
You may verify this electronic certificate
online at http://www.nvsos.gov/