

MP5000009425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279316198

11/20/15--01018--007 **160.00

FILED
15 NOV 20 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015
S. YOUNG

DAVID L. TIM
2601 MIKOL TERRACE SOUTH
ST. PETERSBURG, FLORIDA 33712
727-385-6143

November 13, 2015

Via FedEx

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: KEMCARDA INVESTMENTS, LLC

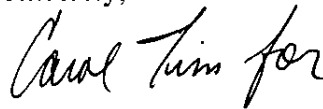
FILED
15 NOV 20 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Gentlemen/Ladies:

Enclosed for processing is a Cover Letter, an Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida, and Certificate of Good Standing for KEMCARDA INVESTMENTS, LLC. Also enclosed is my check in the amount of \$160.00 to cover the cost of the filing fee, certificate of status and certified copy. Upon completion please return the documents to me.

I appreciate your attention to this matter. Please call if you have any questions or need any additional information.

Sincerely,



David L. Tim

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kemcarda Investments, LLC
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:

David L. Tim

Name of Person

Firm/Company

2601 Mikol Terrace South

Address

St. Petersburg, Florida 33712

City/State and Zip Code

Kemcardainvestments@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Tim

Name of Contact Person

at (727)

Area Code

385-6143

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
15 NOV 20 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 BUSINESS IN THE STATE OF FLORIDA:

1. KemCarda Investments, LLC
(Name of Foreign 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. Nevada 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 701 N. Green Valley Pkwy Ste 200
Henderson, NV 89074
(Street Address of Principal Office)

6. 2601 Mikol Terrace South
St. Petersburg, FL 33712
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David L. Tim
Office Address: 2601 Mikol Terrace South
St. Petersburg, Florida 33712
(City) (Zip code)

Registered agent's acceptance:

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 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.

David L. Tim
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David L. Tim, Manager
2601 Mikol Terrace South
St. Petersburg, FL 33712

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 oath of the translator must be submitted)

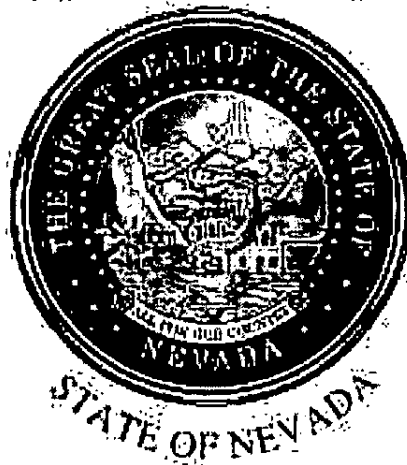
David L. Tim
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.817.155, F.S.

David L. Tim
Typed or printed name of signee

FILED
15 NOV 20 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



FILED
15 NOV 20 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **KEMCARDA INVESTMENTS, LLC** did on October 12, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 12, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20151012-1566
You may verify this certificate
online at <http://www.nvsos.gov/>