11/16000002378

(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:					
Mgr + cuo W16-15600					

Office Use Only



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K.SNLY EXAMINER



March 2, 2016

KIMBERLY HALE KIM HALE PRIVATE INVESTIGATIONS, LLC 401 ATLANTIC AVE. R-9 DELRAY BEACH, FL 33444

SUBJECT: KIM HALE PRIVATE INVESTIGATIONS, LLC

Ref. Number: W16000015600

We have received your document for KIM HALE PRIVATE INVESTIGATIONS, LLC and your check(s) totaling \$125.00. 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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00004380

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	IS				
SUBJECT:	Kim Hale Private In					
		Name of Limited Liability Company				
				unsact Business in Florida," Certificate of y company to transact business in Florida.		
Please return	all correspondence c	oncerning this matter to the	following:			
	Kimberly Hale					
	Name of Person					
	Kim Hale Private Investigations					
	Firm/Company					
	401 Atlantic Av	401 Atlantic Ave R-9				
Address Delray Beach Fl 33444						
						City/State and Zip Code
	kimhale@palmbe	eachprivateeye.com				
		E-mail address: (to be use	d for future annual report not	ification)		
For further is	nformation concerning	g this matter, please call:				
Kir	nberly Hale		561 361-16	81		
	Name o	f Contact Person	Area Code Day	rtime 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	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

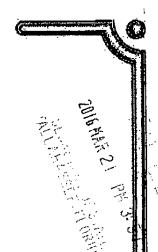
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT RESINESS. IN THE STATE OF FLORIDA:

1. Kim Hale Private Inves	tigations, ŁLC eign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," o	Γ"LLC.")	
	ternate name adopted for the purpose of transacting			ited
Liability Company," "L.L.C,		o vasaross mi i karaa. The anemare me	mo man morado zim	,,,,,,
2. Secretary of State Nevador (Jurisdiction under the law company is organized)	da Of which foreign limited liability 3.	(FEI number, if applicable	e)	
Pending				
4. <u>renung</u>	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to o	f prior to registration.) letermine penalty liability)	_	
5			201	
401 Atlantic Ave Suite	R-9			n () to the control of the control
	(Street Address of Principal Offic	e)	1 N	1
6. Delray Beach, FL 3344	4			177
				as a
*****	(Mailing Address)	######################################	- 30 4	٠.
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>Γ</u> acceptable)		
Name:	Kimberly Hale			
Office Address:	401 Atlantic Ave R-9			
	Delray Beach	, Florida 33444		
Registered agent's accep	(City)	(Zip code)		
designated in this applica to complywith the provisi accept the obligations of t	gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent. (Registered agent s si	stered agent and agree to act in to omplete performance of my dutie gnature)	his capacity. I furth	er agree
•	acity and address of the person(s) who has/hav	e authority to manage is/are:		
Kimberly Hale (OW)	NER)	ALCONOMIC CONTRACTOR C		
401 Atlantic Ave R-9				
Delray Beach, FL 33444				
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ubmitted) Signature of an authorize			
	t in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de			







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, KIM HALE PRIVATE INVESTIGATIONS, 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 February 16, 2016, and is in good standing in this state.

Certified By: Raphael Alves Certificate Number: C20160308-0728 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 8, 2016.

BARBARA K. CEGAVSKE Secretary of State