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(Address)	
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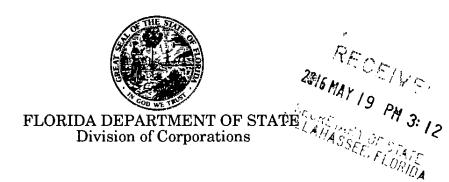


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May 9, 2016

KIRK R SMITH SR. 3630 COVINGTON LANE LAKELAND, FL 33810

SUBJECT: KIRK SMITH UNLIMITED & ASSOCIATES, LLC

Ref. Number: W16000033671

We have received your document for KIRK SMITH UNLIMITED & ASSOCIATES, 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):

Acertificate 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.

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.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 416A00009637

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	Kirk Smith Unlimit	ted & Associates, LLC				
		Name of	Limited Liability	Company		-
The enclosed Existence, ar	l "Application by Fo	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limi	ition to Ti ted liabili	ransact Business in Florida, ty company to transact busi	" Certificate of ness in Florida
Please return	all correspondence	concerning this matter to the	following:			
	Kirk R. Smith	Sr.				
		N	ame of Person			-
	Kirk Smith Un	alimited & Associates, LLC				
		Fi	irm/Company			-
	3630 Covingto	n Lane				
	- · · · · · · · · · · · · · · · · · · ·	Ovington Lane Address			-	
	Lakeland, FL 3	33810				
		City/S	tate and Zip Code		···	-
	kirksmithunlimit	ted@gmail.com				
		E-mail address: (to be used	for future annual	report no	otification)	-
For further in	formation concernin	ng this matter, please call:				
Kir	k R. Smith Sr.		813 at (597-14	433	
	Name o	of Contact Person	Area Code	Da	ytime Telephone Number	-
Divi Reg P.O	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, C	ertificate py

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

٠,	· ·	
11	IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED	LIABILITY
0	COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:	

1. Kirk Smith Unlimited & (Name of Fore	eign Limited Liability Company; must include "Limited I	Liability Company," "L.L.C.," o	r "LLC."	')		
(If name unavailable, enter al	ternate name adopted for the purpose of transacting busi	ness in Florida. The alternate na	ıme must	include	e "Limite	1
Liability Company," "L.L.C,"	,	_				
2. Massachusetts	of which foreign limited liability 3. 465405709	(FEI number, if applicable	-)			
company is organized)	or which foreign timited hability	(FEI number, it applicable	()			
4. Feb 1, 2016			_			
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	r to registration.) nine penalty liability)				
5. 3630 Covington Lane			_			
Lakeland, FL 33810						
	(Street Address of Principal Office)			1\3 6327		
6. 3630 Covington Lane					Czczni I :	
Lakeland, FL 33810					et ig Remoderati	
Lakelalid, 1 L 33610	(Mailing Address)		_ <u>00</u>	9	Particular .	
7 N	· • • • • • • • • • • • • • • • • • • •		m _C	70	TRUIT II AL.	
/. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acce	eptable)		<u>~</u>	in the second	
Name:	Kirk R. Smith Sr.	<u> </u>		\sim	· ·	
Office Address:	3630 Covington Lane	· 	Da.	S		
	Lakeland	, Florida33810				
	(City)	(Zip code)	_			
designated in this applicat to complywith the provision	tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and compl ny position go registered agent.	d agent and agree to act in t	his capa	city. I	further	agr
accept the obligations of h	ny position de registereu agent.					
	(Registered agent's signatur	re)	_			
	city and address of the person(s) who has/have auth			_		
Kirk R. Smith Sr., BS, MS	3630 Covington LA	, Lakeland, F	<u>ر ع</u>	<u> 3</u> 8	10	
Principle & CEO						
Single Discarded Entity, S	Sole Proprietor					
		eign language, a translation				
	Signature of an authorized per	300	_			
	Signature of an audiorized per	#UII				

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.

Kirk R. Smith, Sr.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: May 13, 2016

MAY 19 PH 12: 25

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

KIRK SMITH UNLIMITED & ASSOCIATES, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on April 01, 2014.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 16059408210

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tgr