

M16000005515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

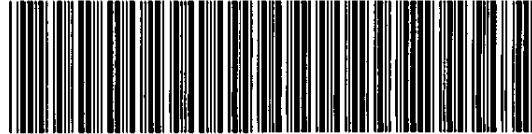
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

647 W16-46272

Office Use Only



800286982828

06/29/16--01005--026 **160.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 29 PM 5:11

JUL 11 2016
S. YOUNG



**METZLER
ADVISORY**

July 6, 2016

State of Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

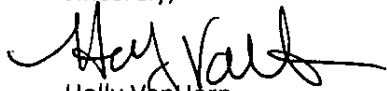
Re: Kabooty, LLC

Dear Sir or Ma'am,

Enclosed please find documentation from the state of Delaware that Kabooty, LLC is in good standing to complete its registration with the state of Florida.

Thank you for your time and assistance in this matter.

Sincerely,


Holly Vankorn
Associate

FILED
2016 JUL -8 AM 10:51
STATE
TALLAHASSEE, FLORIDA

FILED
16 JUN 29 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KABOOTY, 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:

BRENT P. METZLER, CPA

Name of Person

METZLER ADVISORY, LLC

Firm/Company

742 SOUTH VILLAGE CIRCLE

Address

TAMPA, FL 33606

City/State and Zip Code

BMETZLER@METZLERADVISORY.COM

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

For further information concerning this matter, please call:

BRENT P. METZLER

813

238-6993

at (_____) _____

Name of Contact Person

Area Code

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 29 PM 5:11

**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. KABOOTY, 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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 21, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13014 N. DALE MABRY HWY., SUITE 203
TAMPA, FL 33618
(Street Address of Principal Office)


6. 13014 N. DALE MABRY HWY., SUITE 203
TAMPA, FL 33618
(Mailing Address)

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

Name: METZLER ADVISORY, LLC
Office Address: 742 SOUTH VILLAGE CIRCLE
TAMPA, Florida 33606
(City) (Zip code)

Registered agent's acceptance:

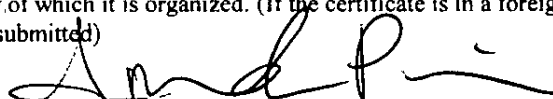
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


(Registered agent's signature)

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

AMANDA PEREIRA - PRESIDENT
13014 N. DALE MABRY HWY., SUITE 203
TAMPA, FL 33618

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)


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.

AMANDA PEREIRA
Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 29 PM 5:11

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "KABOOTY LLC", FILED IN
THIS OFFICE ON THE EIGHTH DAY OF JUNE, A.D. 2016, AT 3:11
O'CLOCK P.M.

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 JUN 29 PM 5:11




Jeffrey W. Bullock, Secretary of State

6063549 8100
SR# 20164364035

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202463666
Date: 06-09-16