## MIL 800009571

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
<b>(</b>	·,·	- ·· <b>,</b>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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November 18, 2016

KELLY POWERS 24732 SW 1ST RD NEWBERRY, FL 32669

SUBJECT: 5K HOLDINGS LLC Ref. Number: W16000077914

We have received your document for 5K HOLDINGS LLC and your check(s) totaling \$380.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 016A00024760

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 5 K Holdings Name of L	imited Liability Company
The enclosed "Application by Foreign Limited Liability Compa	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the f	
Kelly Powe	me of Person
/ Na	me of Person
Fir	m/Company
24732 SW 1st	Rd
	Address
Newberry, Fl 326 City/Sta	664
City/Sta	ate and Zip Code
info@Integrityhe E-mail address (to be used	ome Sandlending. (om for future annual report notification)
For further information concerning this matter, please call:	
Kelly Powers  Name of Contact Person	at ( 35 <b>2</b> ) 642 – 2098  Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS:
Registration Section	Division of Corporations Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_{\text{\$125.00}}\$ \text{Filing Fee} \$\sum_{\text{\$\$130.00}}\$ \text{Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

## APPLICATION BY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		LADILE.
(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 nar Liability Company." "L.L.C." or "LLC.")  2. Nevada  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	ne must include "Lim	- nited -
4	<b>16 DE</b> SECRE	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:	C-I PH 2: 5	
Office Address: 10927 Sw 24th Ave  GineSville, F1 326Florida  (City)  (City)  (Zip code)	- -	
Having been named as registered agent and to accept service of process for the above stated corporation this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I with the provisions of all statutes relative to the proper and complete performance of my duties, and I and the obligations of my position as registered agent.	further agree to co	omply
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: $14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -$	- r <u>y, F</u> 1 	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation 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 an submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817		

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, **5K HOLDINGS**, **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 12, 2016, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 7, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161107-1743
You may verify this electronic certificate
online at http://www.nvsos.gov/