

M17000001840

(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:

Krista Fleming **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT Name**  
**DATE** 3/3/17  
**DOC. EXAM** J. Harris

Office Use Only



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01/18/17--01006--035 \*125.00

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SECRETARY OF STATE  
17 MAR -2 PM 4:40

MAR 03 2017  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KF Events 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:

Krista Fleming  
Name of Person  
KF Events LLC  
Firm/Company  
PO Box 3069  
Address  
Lynnwood, WA 98046  
City/State and Zip Code  
krista@kfevents.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krista Fleming at ( 206 ) 227-0749  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

KRISTA FLEMING  
PO BOX 3069  
LYNNWOOD, WA 98046

SUBJECT: KF EVENTS LLC  
Ref. Number: W17000004885

2017 MAR -2 AM 11:44

17 MAR -2 PM 4:40

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DEPT. OF STATE  
DIVISION OF CORPORATIONS

We have received your document for KF EVENTS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L10000100227.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 217A00001284

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. ~~XXXXXXXXXX~~ KF Events, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

KF EVENTS & MEETINGS, 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. Washington State 3. EIN: 26-1570184  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 23, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22225 100th Ave W.

Edmonds, WA 98020  
(Street Address of Principal Office)

6. PO Box 3069

Lynnwood, WA 98046  
(Mailing Address)

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

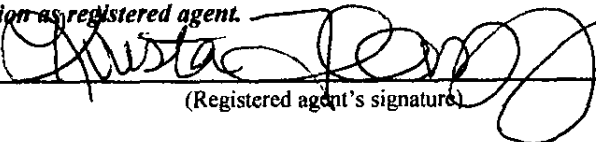
Name: Krista Fleming

Office Address: 8352 Lookout Pointe Dr.

Windermere, Florida 34786  
(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.*

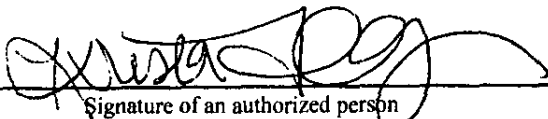
  
(Registered agent's signature)

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

Krista Fleming, President - 8352 Lookout Pointe Dr. Windermere, FL 34786

Sean Fleming, Vice President - 8352 Lookout Pointe Dr. Windermere, FL 34786

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.

Krista Fleming

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
17 MAR -2 PM 4:40

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE

OF

KF EVENTS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 1/3/2008.

I FURTHER CERTIFY that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 14, 2017

UBI: 602-786-567

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State





STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

January 10, 2017

KF EVENTS LLC  
PO BOX 3069  
LYNNWOOD, WA 98046-3069

Tax Registration Number: 602786567  
Legal Entity Name: KF EVENTS LLC

Tax Status Request

Our records show this company has filed and paid all excise tax returns through 09/2016.

All areas of taxation are subject to future verification.

If you have questions, please call the Department of Revenue's Taxpayer Account Administration Division at (360) 902-7180. You may also access our website at <http://dor.wa.gov>.