

M17000005674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

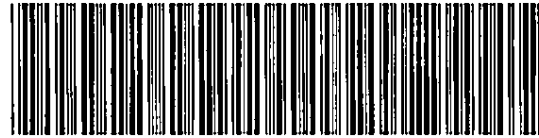
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W1700055455

Office Use Only



900300835979

07/05/17--01001--024 **125.00

FILED

2017 JUL 18 P 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
JUL 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2017

L. FORREST OWENS
312 SE 17TH STREET, 2ND FLOOR
FORT LAUDERDALE, FL 33316

SUBJECT: DOUBLE K 2, LLC
Ref. Number: W17000055455

FILED
2017 JUL 18 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DOUBLE K 2, 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):

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.

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 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) 245-1051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 017A00013571

RECEIVED
2017 JUL 17 P 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOUBLE K 2, 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:

L. FORREST OWENS

Name of Person

SAAVEDRA|GOODWIN

Firm/Company

312 SE 17TH STREET, SECOND FLOOR

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

FORREST@GLOBALAVIATIONCOUNSEL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 18 P 12:00

FILED

For further information concerning this matter, please call:

L. FORREST OWENS

954

882-8090

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

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. DOUBLE K 2, 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. PENNSYLVANIA 3. 81-2075653
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 12987 POND APPLE DRIVE
NAPLES, FL 34119
(Street Address of Principal Office)

6. 12987 POND APPLE DRIVE
NAPLES, FL 34119
(Mailing Address)

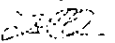
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: L. FORREST OWENS
Office Address: 312 SE 17TH STREET, SECOND FLOOR
FORT LAUDERDALE, Florida 33316
(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.

DocuSigned by:



(Registered agent's signature)

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

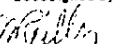
MICHAEL REILLY, Manager

12987 POND APPLE DRIVE

NAPLES, FL 34119

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)

DocuSigned by:



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.

MICHAEL REILLY

Typed or printed name of signee

FILED
2017 JUL 18 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/20/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Double K 2, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170620090340-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>