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| (Re | questor's Name) | | | | |
|-------------------------|-----------------------|--------|--|--|--|
| (Ad | idress) | | | | |
| (Ad | dress) | | | | |
| (Cit | ty/State/Zip/Phone #) | | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Bu | isiness Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates of | Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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| <u> </u> | | | | | |
| | Office Use Only | | | | |



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COVER LETTER

Registration Section Division of Corporations

TO:

| Name of I | Limited Liability (| Company | |
|--|---|------------------------------|---|
| ne enclosed "Application by Foreign Limited Liability Compaistence, and check are submitted to register the above refere | any for Authoriza enced foreign limi | tion to Tra ted liability | insact Business in Florida," Certific y company to transact business in Fl |
| ease return all correspondence concerning this matter to the | following: | | |
| Karen L. Asher | | | |
| Na | ame of Person | | |
| KT PROPERTY DOCTORS, LLC | | | |
| Fi | rm/Company | | |
| 7777 46TH AVE N LOT 33 | | | |
| | Address | | |
| ST PETERSBURG FL 33709 | | | |
| City/Sr | tate and Zip Code | | |
| kasher@waemm.com E-mail address: (to be used | 1 C - C | | ::C |
| r-man address: (to be used or further information concerning this matter, please call: | i for future amua | героп по | imeation) |
| it futures information concerning this matter, prease can. | | | |
| Karen L. Asher | _ at (715 | _) 570-0- | |
| Name of Contact Person | Area Code | Day | rtime Telephone Number |
| MAILING ADDRESS: | | | ΓADDRESS: |
| Division of Corporations | | | of Corporations |
| Registration Section | | | ion Section |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| Tallanassee, FE 52514 | | | see, FL 32301 |
| nclosed is a check for the following amount: | Fleter on ET | . r e | T \$140.00 Filian For Continue |
| | ☐ \$155.00 Fili Certified Copy | | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

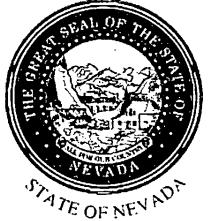
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. KT PROPERTY DOCTO | | | | <u>.</u> | |
|--|---|---|-------------------|---------------|--|
| (Name of Fore | rign Limited Liability Company; must include | de "Limited Liability Company," "L.L.C.," or " | "LLC.") | | |
| (If name unavailable, enter al Liability Company," "L.L.C," | | nsacting business in Florida. The alternate name | e must include " | Limited | |
| 2. NEVADA | 3. | (FEI number, if applicable) | | - | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4 | (Date first transacted business in Fl (See sections 605.0904 & 605.0905, I | orida, if prior to registration.) | - | | |
| | | F.S. to determine penalty liability) | | | |
| 5. 7777 46TH AVE N LOT : | 33 ST PETERSBURG FL 33709 | | | | |
| <u></u> | (Street Address of Principal | al Office) | | | |
| 6. 7777 46TH AVE N LO | 6. 7777 46TH AVE N LOT 33 ST PETERSBURG FL 33709 | | | | |
| | | | SEP | T | |
| <u> </u> | (Mailing Address | ;) | P 27 | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Bo | x NOT acceptable) | .: | П П | |
| Name: | Registered Agents Inc. | · · · | PH to | Ö | |
| Office Address: | 3030 N. Rocky Point Dr. STE 150 | Α | 1: 2 3 | ı | |
| | Tampa | , Florida_33607 | ,. | | |
| | (City) | (Zip code) | • | | |
| designated in this applica to complywith the provision | gistered agent and to accept service of tion, I hereby accept the appointment t | process for the above stated limited liabil as registered agent and agree to act in thi and complete performance of my duties, | is capacity. I fi | urther agree | |
| | (Registered ag | ent's signature) | - | | |
| D. Charman data and | | | | | |
| | acity and address of the person(s) who h | | | | |
| Thomas E. Asher, M. | ger 7777 46TH AVE N LOT 33 | T 33 ST PETERSBURG FL 33709 | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | |
| Marc E. Asher, Man | ager 7777 46TH AVE N LOT | 33 ST PETERSBURG FL 33709 | | | |
| | of which it is organized. (If the certification ubmitted) | duly authenticated by the official having on the is in a foreign language, a translation of the state of the | the certificate | | |
| | | l) (b), Florida Statutes. I am aware that any hird degree felony as provided for in s.817. | | ion | |

Typed or printed name of signee

Karen L. Asher

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, **KT PROPERTY DOCTORS**, **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 September 6, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 22, 2017.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170922-1786
You may verify this electronic certificate
online at http://www.nvsos.gov/