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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

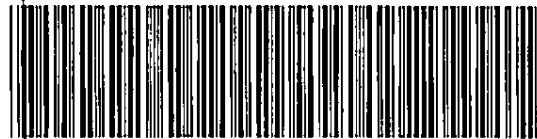
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 30 PM 3:11
FBI

C. SIMONS



Kirkhart Project Management, LLC
Client Focused / Results Driven

30026 1st PLS.
Federal Way 98003-4301

January 26 2018

Octavia L Simmons, Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Kirkhart Project Management, LLC
Reference # W18000001682

Dear Ms. Simmons,

Thank you for your letter # 818A00000429 referencing the missing Certificate of Existence. Please find enclosed the original certificate issued by the Secretary of State of Washington on January 23 received yesterday's mail. Also please find enclosed a corporate check for \$160 for payment to process my application. I have enclosed a SASE for the return of the personal check sent in the original submission.

I apologize for not having enclosed the certificate of existence as a part of the original submission. I mistakenly thought the Certificate of Formation issued within the previous month was proof of existence. I now understand the difference in the two documents. I trust you now have the information needed to complete my application for my foreign LLC for authorization to transact business in Florida.

If you have any additional questions or needs, please do not hesitate to contact me at 206.300.2787.

Sincerely,

Kevin Kirkhart
Governor and Managing Director
Kirkhart Project Management, LLC

RECEIVED

JAN 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kirkhart Project Management, 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:

Kevin Kirkhart

Name of Person

Kirkhart Project Management, LLC

Firm/Company

30026 1st Place S.

Address

Federal Way, WA 98003-4301

City/State and Zip Code

kkirk012@gmail.com

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

For further information concerning this matter, please call:

Kevin Kirkhart

Name of Contact Person

at (206)

Area Code

300-2787

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

CHECK # 1020
ENCLOSED

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. Kirkhart Project Management, 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. State of Washington 3. 82-3838646
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Estimated to be January 15th, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30026 1st Place S.
Federal Way, WA 98003-4301
(Street Address of Principal Office)

6. Same
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Northwest Registered Agent, LLC.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(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.

Tom Glover
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Name = Kevin Cloyd Kirkhart Title = Managing Director
30026 1st Place S.
Federal Way, WA 98003-4301

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)

Kel Kirkhart 1/2/18
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.

Kevin C. Kirkhart
Typed or printed name of signee

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

KIRKHART PROJECT MANAGEMENT, LLC

I 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 12/28/2017.

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 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.

Issued Date: 01/23/2018
UBI Number: 604 198 778



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

Kim Wyman, Secretary of State

Date Issued: 01/23/2018