

M18000001741

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18 FEB 20 AM 9:49
TALLAHASSEE, FLORIDA

FEB 20 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2018

KIMBERLY HARE
142 GREENBANK DR
LEXINGTON, SC 29073

SUBJECT: KIMBERLYHARE LLC
Ref. Number: W18000012544



We have received your document for KIMBERLYHARE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 918A00002663

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FEB 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kimberly Hare 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:

Kimberly Hare
Name of Person

Kimberlyhare LLC
Firm/Company

142 Greenbank Drive
Address

Lexington SC 29013
City/State and Zip Code

Kimberly.hare@khnursingservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Hare at (803) 206 5060
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. Kimberly Hare LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
KH Nursing Services, 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. Lexington, SC 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 142 Greenbank Drive 6. 142 Greenbank Drive
(Street Address of Principal Office) (Mailing Address)
Lexington SC 29073 Lexington SC 29073

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

Name: Kimberly C. Hare
Office Address: 200 White Street #16
Niceville, Florida 32578
(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 of 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.

Kimberly Hare
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>owner</u>	<u>Kimberly Hare</u> <u>142 Greenbank Dr</u> <u>Lexington SC 29073</u>		

(Use attachments if necessary)

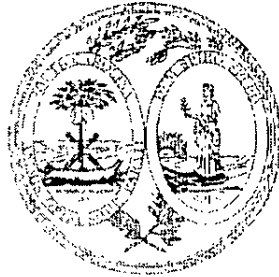
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Kimberly Hare
Signature of an authorized person
Kimberly Hare, owner
(Typed or printed name of signee)

18 FEB 2009
AM 9:49
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STATE
OF FLORIDA
ED

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

KIMBERLYHARE LLC,

a limited liability company duly organized under the laws of the State of South Carolina on October 30th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

FILED
18 FEB 20 11 19 AM
SOUTH CAROLINA

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of January, 2018.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State