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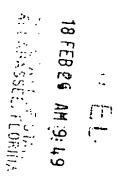
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FEB 2 6 2018
** SULKER



February 16, 2018

ALBERT J TISEO JR. 701 JC CENTER COURT, STE 3 PORT CHARLOTTE, FL 33954

SUBJECT: KJRAB, LLC

Ref. Number: W18000016004

We have received your document for KJRAB, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 018A00003397

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:		ation Section 1 of Corporation	s			
cunt	KJI	RAB, LLC, a Loi	iisiana limited liabilty comp	any		
SUBJE	:CI:		Name of	Limited Liability C	Company	
The en Exister	closed "A nce, and ch	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	pany for Authoriza enced foreign limit	ition to Tra ted liability	unsact Business in Florida," Certificate o y company to transact business in Florida
Please	return all	correspondence c	oncerning this matter to the	following:		
		Albert J. Tiseo,	Jr., Esquire			
			N	ame of Person		
		Goldman, Tised	& Sturges, P.A.			
			Fi	rm/Company		
		701 JC Center	Court, Suite 3			
				Address		·
		Port Charlotte,	Florida 33954			
			City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·
		atiseo@gtslawfit	m.com			
	-		E-mail address: (to be used	d for future annual	report not	ification)
For fur	ther infor	mation concernin	g this matter, please call:			
	Albert .	J. Tiseo, Jr.		941 at (625-66	66
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section milding secutive Center Circle see, FL 32301
Enclos		eck for the follow .00 Filing Fee	ing amount: \$\Bigcup \text{\$\Sigma \text{\$130.00 Filing Fee & Certificate of Status}\$}\$	□ \$155.00 Filii Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

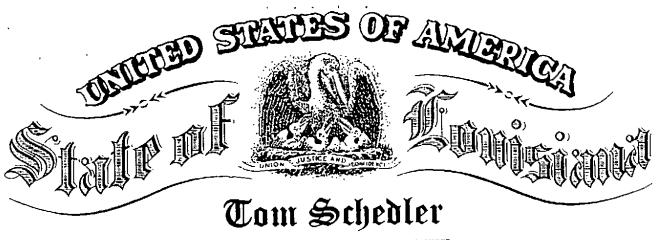
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business	s in Florida. The alternat	e name must include "Lumited Lia	ibility Company," "L.L.C." or "LLC")
Louisiana				
(Jurisdiction under the law of wh	nich foreign binited hability company is organized)		(FEI man	tier, if applicable)
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	prior to registration)	N1	· -
220 Cambridge Drive	(See sections 603 6704 & 603 6703, 1-3-to) Cambridge Drive	
220 Cambridge Drive	Principal (Office)		(Mailing Add	dress)
Lafayette, LA 70503		<u>La</u>	ayette, LA 70503	

	ss of Florida registered agent: (P.O. Albert J. Tisco, Jr.). Box <u>NOT</u> acce	ptable)	
Name:			_ -	
Office Address:	701 JC Center Court, Suite 3			
				-2
	Port Charlotte	1	, Florida <u>33954</u>	
ving been named as re signated in this applica comply with the provis	tance: rgistered agent and to accept servitation. I hereby accept the appointment of all statutes relative ty the p	proper and comp	rageni ana agree io ac	d liability company at the pla t in this capacity. I gurther a
signated in this applica comply with the provis	tance: rgistered agent and to accept servitation. I hereby accept the appoint ions of all statutes relative to the position as registered agents.	proper and comp	the above stated limited Lagent and agree to ac	d liability company at the pla t in this capacity. I gurther a
ving been named as resignated in this application of the provision of the provision descript the obligation	ntance: registered agent and to accept service taion. I hereby accept the appoints ions of all statutes relative to the p is of my position as registered agent	proper and complete.	the above stated limited l agent and agree to ac lete performance of my	d liability company at he plat in this capacity. I further a duties, and I am familiar wi
ving been named as resignated in this application of the provised accept the obligation. The name, title or cap	tance: rgistered agent and to accept servitation. I hereby accept the appoint ions of all statutes relative to the position as registered agents.	proper and complete. (agent's signature) (who has/have auth	the above stated limited l agent and agree to ac lete performance of my	d liability company at he plat in this capacity. I further a duties, and I am familiar wi
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Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

KJRAB, LLC

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 10, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 12, 2018

MUDILE

Secretary of State



Certificate ID: 10916847#73P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov