MB 00002660

(Daywarda Nawa)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2018

GEORGE K KIDMAN 543 ISLEWORTH CLOSE TARPON SPRINGS, FL 34688

SUBJECT: KIC REAL ESTATE SERVICES LLC

Ref. Number: W18000019195

We have received your document for KIC REAL ESTATE SERVICES 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

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DEPARTMENT OF STATE
VISION OF CORPORATION

www.sunbiz.org

Letter Number: 218A00003987

COVER LETTER

Division of Corporations
SUBJECT: KIC Real Estate Services 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:
George K. Kidman
George K. Kidman Name of Person KIC Real Estate Services LLC
Firm/Company
543 Isleworth Close
Tarpon Springs, FL 34688 City/State and Zip Code O e or ge & akk Lor p. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Med Code Area Code Daytime Telephofic Number STREET ADDRESS: Division of Corporations Registration Section Registration Section Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is sycheck for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status 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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REC COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	SISTER A FOREIGN LIMITED LIABILITY
1. KIC REAL ED FATE GEVVICES LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" T. L. C. " or "LE.	
(If name anavailable, enter alternate name adopted for the purpose of transacting bissisess in Florida. The alternate name most include "Limited." 2. Second Secon	Liability Cortipany," "L. L. C," or "LLC") 4. 7 2 5 uniber, if applicable)
4	, , , , , , , , , , , , , , , , , , ,
(Pate first transacted business in Plorida, if point to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (Street Address of Principal Office) [AV PDW SPYLVAS, FL 34688 [Av PDW SP	e worth Close Vings, FL 3468
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	— · — —
Name: John Grupun, CPA	
Office Address: 2901 A RIASBY Lane as Safety Harbor, = L346, Florida	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited designated in this application. I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	d liability commany at the plans
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity:	Name and Address:
543 Isleworth Close Tarpon Springs, FL 346893	
	AHL B
(Use attachments if necessary)	023 F
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	ring custody of records in the on of the certificate under oath
10. This document is executed in accordance with section 605.0203 (710). Florida Statutes. I am aware submitted in a document to the Department of State constitutes a third degree felony as provided for in s.	that any false information 817.155, F.S.
Signature of an authorized person	
George K. Kidnean Typed or printed name of signer	-
to the state of significant and the state of	

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, **KIC REAL ESTATE SERVICES**, **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 February 6, 2018, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20180223-0084
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 23, 2018.

Barbara K. Cegavske Secretary of State

Salvana K. Cegarste

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