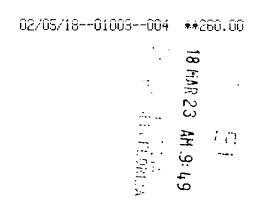
## M18000002886

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Y SULKER MAR 2 6 2018



March 8, 2018

MICHAEL A SCOTT, ESQ 10181-C SIX MILE CYPRESS PKWY FORTH MYERS, FL 33966

SUBJECT: KFH HOLDINGS, LLC Ref. Number: W18000011469

We have received your document for KFH HOLDINGS, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L15000109587.

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: 618A00002365

## COVER LETTER

	tration Section ion of Corporatio	ns					
· SUBJECT:	KF HE	DGES 1	-10L	JNGS,			
_				nited Liability (			
						ansact Business in Florida," Cert company to transact business i	
Please return a	Il correspondence	concerning this matte	r to the fo	Howing:			
	Michael A. Se	ott, Esq.					
			Nam	e of Person			
	The Dorcey La	w Firm, PLC					
			Firm	<sup>/</sup> Company			
	10181-C Six N	file Cypress Pkwy					
	·		1	Address			
	Fort Myers, Fl	orida 33966					
			City/Stat	e and Zip Code			
	Mike@dorceyla						
		E-mail address: (to	be used f	or future annual	report not	ification)	
For further info	ormation concernit	ng this matter, please o	call:				
Mich	ael A. Scott			239 at (	418-016	59	
	Name	of Contact Person		Area Code	Day	time Telephone Number	
Divisi Regis P.O. I	LING ADDRESS ion of Corporation tration Section Box 6327 nassee, FL 32314				Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ving amount: ■ \$130.00 Filing F Certificate of Statu		□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

## 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:

me adopted for the purpose of transacting business in Flori-	ida. The alternate name must include "Limited Liab	thty Company," "L.L.C," or "Ll,C.")			
	3 82-3915916				
(Jurisdiction under the law of which foreign limited liability company is organized)		(Fill number, if applicable)			
40. 5					
	egistration.) se penalty liability)				
1645 Village Center Circle, Suite 170  (Street Address of Principal Office) Las Vegas, NV 89134		6. 17240 Hidden Estates Circle (Mailing Address) Fort Myers, Florida 33908			
-	NOT acceptable)				
DLF Registered Agent Service, LLC		;			
10181-C Six Mile Cypress Pkwy		18			
Fort Myers	Florida 33966				
(City)	(Zip code	<u> </u>			
city and address of the person(s) who has	s/have authority to manage is/are:	Name and Address:			
Keegan Hodges	<del> </del>				
17240 Hidden Estates Circle	·				
Fort Myers, Florida 33908					
Fort Myers, Florida 33908					
Fort Myers, Florida 33908					
Fort Myers, Florida 33908					
Fort Mvers, Florida 33908					
ary) of existence, no more than 90 days old, dof which it is organized. (If the certificate	e is in a foreign language, a translation (1) (b), Florida Statutes, I am aware	on of the certificate under that any false information			
ary) of existence, no more than 90 days old, dof which it is organized. (If the certificate bmitted) ated in accordance with section 605.0203 the Department of State constitutes a thir	e is in a foreign language, a translation (1) (b), Florida Statutes. I am aware rd degree felony as provided for in s	on of the certificate under on the certificate under on the certificate under one of the certificate un			
ary) of existence, no more than 90 days old, dof which it is organized. (If the certificate bmitted) ated in accordance with section 605.0203 the Department of State constitutes a thir	e is in a foreign language, a translation (1) (b), Florida Statutes, I am aware	on of the certificate under			
	(Date first transacted business in Florida, if prior to refere Strite 170  (See sections 605 1994 & 605,0905, F.S. to determine refe. Strite 170  (DLF Registered Agent Service, LLC  10181-C Six Mile Cypress Pkwy  Fort Myers  (City)  ance:  gistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent  (Registered Lent's sective and address of the person(s) who has Name and Address:	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0804 & 605.0905, F.S. to determine penalty liability) rele. Suite 170  (Mailing Addresses)  5 of Florida registered agent: (P.O. Box NOT acceptable)  DLF Registered Agent Service, LLC  10181-C Six Mile Cypress Pkwy  Fort Myers  Florida 33966  (City)  (City)  (Registered agent and to accept service of process for the above stated limited ion. I hereby accept the appointment as registered agent and agree to act of the proper and complete performance of my accept my position as registered agent  (Registered agent)  (Registered Left's signatur)  (City and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Title or Capacity:			

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, **KF HODGES HOLDINGS**, **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 December 15, 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 February 28, 2018.

Barbara K. Cegavske Secretary of State

Salvara K. Cegovske

Electronic Certificate

Certificate Number: C20180228-1293 You may verify this electronic certificate online at http://www.nvsos.gov/