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SECRETARY OF CLAIR
MALLARIASSEE, FLORIDA

TO:

Registration Section **Division of Corporations**

K &	TKL	_ASSI	C HC	MES,	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.

riease return all correspondence concerning this matter to th	ie following:	
Kenneth Crosby		
1	Name of Person	
K & T KLASSIC HC	DMES, LL	.C
1	Firm/Company	
2210 Moonstone La	ane	
	Address	
Plant City, FL 3356	66	
City/	State and Zip Code	
crosken@hotmail.c		
E-mail address: (to be us	ed for future annual	report notification)
For further information concerning this matter, please call:		
Kenneth Crosby	_{at (} 813	763-3959
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

Certified Copy

□ \$155.00 Filing 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nevada			Liability Company," "L.1, C," or "L1.C
		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		number, if applicable)
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)	
0010 Magneters			
2210 Moonstone (Street Address of	Principal Office)	6. 2210 Moonstone L	
Plant City, FL 335		Plant City, FL 3356	66 6
			30 - A
N1 d -t t - 1 1		D. NOT. (11)	一部が方面
name and street addres	ss of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Registered Agents Inc.		
0.77	3030 N. Rocky Point Dr. S	TE 1504	
	SUSU IN. HOUKY FUITIL DI. S	TE TOUR	\$ 6 B
Office Address:			9. O.
Office Address:	Tampa	, Florida 33607	
gistered agent's accep ving been named as re ignated in this applica comply with the provisi	(City)	of process for the above stated limi nt as registered agent and agree to d oper and complete performance of n	code) ited liability company at the act in this capacity. I furth
egistered agent's acceptiving been named as resignated in this applications	citance: registered agent and to accept service registered agent and to accept service registered agent and to accept service registered agent the appointme registered agent. Recomposition as registered agent.	(?ip of process for the above stated limi nt as registered agent and agree to a oper and complete performance of n	code) ited liability company at the act in this capacity. I furth
egistered agent's accep aving been named as re signated in this applica comply with the provis d accept the obligation	ctance: registered agent and to accept service registered agent and to accept service registered agent and to accept service registered agent accept the appointme rions of all statutes relative to the pro s of my position as registered agent. Registered ag	of process for the above stated liming as registered agent and agree to a sper and complete performance of numbers as signature)	code) Ited liability company at the act in this capacity. I furth my duties, and I am familia
egistered agent's acceptiving been named as resignated in this applica comply with the provision decept the obligation. The name, title or capa	(City) Intance: The stance: The stance is a second to accept service The stance is a second the appointment of all statutes relative to the properties of my position as registered agent. The stance is a second in the standard in the	of process for the above stated liming as registered agent and agree to a oper and complete performance of numerics signature) o has/have authority to manage is/are	code) ited liability company at the act in this capacity. I furth my duties, and I am familia.
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egistered agent's acceptiving been named as resignated in this application of accept the obligation. The name, title or captitle or Capacity: Manager	(City) Intance: Ingistered agent and to accept service Interior, I hereby accept the appointment It is of my position as registered agent. (Registered agent It is a city and address of the person(s) when the end address: Kenneth Crosby 2210 Moonstone Lene Plant Otv. FL 33566 Teri Crosby	of process for the above stated liming as registered agent and agree to a oper and complete performance of numerics signature) o has/have authority to manage is/are	code) ited liability company at the act in this capacity. I furth my duties, and I am familia.

Typed or printed name of signee

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, **K & T KLASSIC HOMES**, **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 June 29, 2018, 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 July 31, 2018.

Ballons K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180731-3178