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SECRETARY OF STATE  
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N CULLIGAN

OCT - 3 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kinetic Business Solutions, 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:

Keith B. Seard

\_\_\_\_\_  
Name of Person

Kinetic Business Solutions, LLC

\_\_\_\_\_  
Firm/Company

75A Lake Road, Unit 182

\_\_\_\_\_  
Address

Congers, NY 10920

\_\_\_\_\_  
City/State and Zip Code

Keith.Seard@Verizon.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith B. Seard

845

893-6412

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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. Kinetic Business Solutions, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. New York, NY DOS ID: 3462605 3. 20-8264994  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Kinetic Business Solutions, LLC 6. Kinetic Business Solutions, LLC  
(Street Address of Principal Office) (Mailing Address)  
75A Lake Road, Unit 182 75A Lake Road, Unit 182  
Congers, NY 10920 Congers, NY 10920

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

Name: Kenya R. Seard  
Office Address: 9301 Summit Centre Way, Unit 2201  
Orlando, Florida 32810  
(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 at 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.

Kenya R. Seard  
(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>Keith B. Seard</u> <u>75A Lake Road, Unit 182</u> <u>Congers, NY 10920</u>	_____	_____
<u>CFO</u>	<u>Kenya R. Seard</u> <u>9301 Summit Centre Way, Unit 2201</u> <u>Orlando, FL 32810</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.

Keith B. Seard  
Signature of an authorized person

Keith B. Seard  
Typed or printed name of signer

FILED  
2018 SEP 28 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that KINETIC BUSINESS SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/16/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 18th day of September two  
thousand and eighteen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal dashed line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*