

MIB000011571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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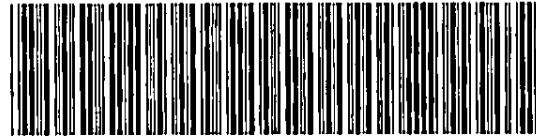
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 DEC 19 2 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. SCOTT  
DEC 21 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2018

JAMES ROBERT LEVAN  
10945 STATE BRIDGE RD SUITE 401-212  
ALPHARETTA, GA 30022 *404-838-7924*

SUBJECT: KII PROCUREMENT LLC  
Ref. Number: W18000095427

We have received your document for KII PROCUREMENT 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):

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Letter Number: 418A00024168

FILED  
2018 DEC 19 10:11  
TALLAHASSEE, FLORIDA

663111 01 DEC 2018

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. KII Procurement 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. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4970945  
(FEI number, if applicable)
4. 8/1/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 203 Blue Sage Road  
(Street Address of Principal Office)  
Panama City Beach, FL 32413
6. 203 Blue Sage Road  
(Mailing Address)  
Panama City Beach, FL 32413

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

Name: James Robert LeVan

Office Address: 203 Blue Sage Road

Panama City Beach, Florida 32413  
(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.

James R. LeVan  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

President

JAMES R. LEVAN  
203 BLUE SAGE RD.  
PANAMA CITY BEACH  
FL. 32413

(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.

James R. LeVan  
Signature of an authorized person

James Robert LeVan

Typed or printed name of signer

FILED  
2018 DEC 19  
TALLAHASSEE  
FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **KII Procurement LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16288389  
Date Inc/Auth/Filed: 03/16/2018  
Jurisdiction : Georgia  
Print Date : 11/19/2018  
Form Number : 211



Robyn A. Crittenden  
Secretary of State