

m19000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

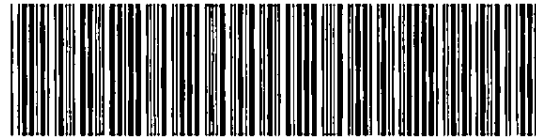
(Document Number)

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

Special Instructions to Filing Officer:

W19000007643

Office Use Only



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01/18/19--01011--016 \*\*250.00

FILED  
19 JAN 18 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2019

PATRICIA MCKONLY  
390 BLUE LANE  
COLUMBIA, PA 17512

SUBJECT: KR KEY WEST, LLC  
Ref. Number: W19000007643

We have received your document for KR KEY WEST, LLC and your check(s) totaling \$250.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6052.

Cathy Cave

Letter Number: 419A00001729

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RR Key West, 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:

Patricia McKonly  
Name of Person

RR Key West, LLC  
Firm/Company

390 Blue Lane  
Address

Columbin, PA. 17512  
City/State and Zip Code

pattymckonly@comcast.net  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty McKonly at ( 717 ) 471-8634  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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. KR Key West, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP.")

2. Pennsylvania  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

3. \_\_\_\_\_  
(If a number, if applicable)

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

5. 316 Admirals Lane  
(Street Address of Principal Office)  
Key West, Fl. 33040

6. 390 Blw Lan  
(Mailing Address)  
Columbia, PA 17512

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

Name: Truman Company  
Office Address: 903 White St  
Key West, Florida 33040  
(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.

Wendy J. Jeter  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☐ Manager

Name: Patricia McKonly

☒ Member

Address: 390 Blue Lane

☐ Authorized

Columbia, PA 17512

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

Title or Capacity:

Name and Address:

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Pat McKonly

Signature of an authorized person

Patricia McKonly

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/01/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KR Key West, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Kathly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190201100375-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>