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JAILHOUSE FLORIDA

D. BRUCE
MAR 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DKT ENTERPRISES, 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:

DONALD M. THOMPSON JR.
Name of Person

DKT ENTERPRISES, LLC
Firm/Company

166 N. BELLE TERRE ST
Address

WICHITA, KS 67230
City/State and Zip Code

dthompsonjr@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD THOMPSON at (316) 393-7239
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

STATE OF FLORIDA
TALLAHASSEE FLORIDA

2019 MAR 11 PM 1:01

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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. DKT ENTERPRISES, 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. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0314072
(FBI 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. 1166 N. Belle Terre St
(Street Address of Principal Office)
Wichita, Ks.
67230

6. 1166 N. Belle Terre St.
(Mailing Address)
Wichita, Ks
67230

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

Name: Donald M. Thompson Jr.

Office Address: 138 N. Comet Ave. #15
Panama City, Florida 32404
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Donald M. Thompson Jr.
(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]:

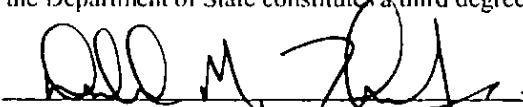
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Donald Thompson, Jr.	<input type="checkbox"/> Manager	Name:	Kathy Thompson		
<input type="checkbox"/> Member	Address:	166 N. Belle Terre St.	<input checked="" type="checkbox"/> Member	Address:	166 N. Belle Terre St.		
<input type="checkbox"/> Authorized Person		Wichita, KS 67230	<input type="checkbox"/> Authorized Person		Wichita, KS 67230		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				

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2019 MAR 11 PM 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of an authorized person
DONALD M. THOMPSON JR.
Typed or printed name of signee

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4135323

Entity Name: DKT ENTERPRISES, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: DONALD M. THOMPSON, JR.

Registered Office: 4334 N. SPYGLASS COURT, WICHITA, KS 67226

was filed in this office on November 05, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 06, 2019

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1095178 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.