M19000003050

(Rec	questor's Name)				
(Add	dress)				
(Adc	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special instructions to F	Filing Officer:				





600326369406

03/28/19--01005--026 **160.00



COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
CHDI	K, C & SON L	.LC			
SUBJ		ted Liability Company			
		for Authorization to Transact Business in Florida," Certificate of distributed liability company to transact business in Florical forces.			
Please	e return all correspondence concerning this matter to the follo	owing:			
	Claudia Morales Mejias				
	Name o	of Person			
	K, C & SON LLC				
	Firm/C	Company			
	431 Thomas Ct				
Address					
	Macclenny/Florida 3206	53			
	City/State a	and Zip Code			
	claudiamorales_83@yaho	non.es			
	E-mail address: (to be used for	future annual report notification)			
For fu	orther information concerning this matter, please call:				
	Claudia Morales Mejias	904 408-1073			
	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 DEPARTME:	INT OF STATE			
	S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATEOF FLORIDA:

	ame adopted for the purpose of transacting business in Florida Washington	82-1028415	
unisdiction under the law of which foreign limited liability company is organized)		3. (FEI mmber, if applicat	ble)
	03/19/2019		
	(Date first transacted business in Florida, if prior to regin (See sections 605 0904 & 605 0905, F.S. to determine p	stration) ionalty liability)	
1001 w 4th av	ve apt E 203	431 Thomas Ct	
(Street Address of)	Principal Office)	6. (Mailing Address)	
Kennewick	WA 99336	Macclenny Florida 32063	
and street address	ss of Florida registered agent: (P.O. Box N	OT_acceptable)	ज़्ह्न म
and street address	ss of Florida registered agent: (P.O. Box Note: 1885) Claudia Morales Mejias	OT acceptable)	on the Co
Name:		OT acceptable)	on the Hall 20 and o
Name:	Claudia Morales Mejias 431 Thomas Ct Macclenny	32063 , Florida	on the Hall 20 and John St.
	Claudia Morales Mejias 431 Thomas Ct	32063	on the Half 20 and Journal

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:

Title or Capacity:

Name and Address:

	Name: Claudia Morales Mejias 431 Thomas Ct Address: Macclenny, Florida , 32063	☐ Manager ☐ Member		
☐Member /	Address:	☐ Member		
	Macclenny, Florida , 32063		Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager :	Name:	☐ Manager	Name:	
☐Member /	Address:	☐ Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		Other
	Name:	☐ Manager	Name:	299
	Address:	☐ Member		型 5.m 2
Authorized		☐ Authorized		7
Person		Person		â .
Other	Other	Other		Other
9. Attached is a certification under the of the translator must	executed in accordance with section 605/0203 (1) ent to the Department of State constitutes a wird	Ia Department of State y authenticated by the in a foreign language, y (b), Florida Statutes.	Annual Repo official having a translation I am aware th	rt form. g custody of records in the of the certificate under oath at any false information
	Claudia Morales Mejias	nted name of signee		

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

K, C & SON LLC

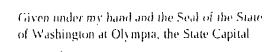
I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/20/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: UBI Number: 03/18/2019 604 103 312



Kim Wyman, Secretary of State

tur Ulyna

Date Issued: 03:18/2019

