011P0000P1M

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2019

ROMONA KROLL 16242 CROWN ARBOR WAY FORT MYERS, FL 33908

SUBJECT: RK TECHNOLOGIES, LLC

Ref. Number: W19000036459

We have received your document for RK TECHNOLOGIES, 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):

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 419A00007331

COVER LETTER

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		COVER	LETTER			
	gistration Section rision of Corporations					
SUBJECT:	RK Technologies, LLC					
SUBJECT		Name of Limi	ted Liability C	Company		
The enclosed Existence, ar	d "Application by Foreignd check are submitted to	n Limited Liability Company o register the above referenced	for Authoriza I foreign limit	tion to Transact ed liability com	Business in Florida." C pany to transact busines	ertificate of ss in Florida.
Please return	all correspondence con-	cerning this matter to the follo	wing:			
	Romona M. Kroll					
		Name	of Person		<u> </u>	
	RK Technologies.	LLC				
		Firm/C	Company			
	16242 Crown Arb	or Way				
		Ac	ldress			
	Fort Myers, FL 33	908				
		City/State:	and Zip Code			
	mona@rktechllc.co	m				
	- IS	-mail address: (to be used for	future annual	report notificat	ion)	
For further in	nformation concerning th	nis matter, please call:				
Ro	mona M. Kroll	at	815	557-5371		
	Name of C	ontact Person	Area Code	Daytime	Telephone Number	
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, F1, 32314			STREET ADI Division of Co Registration So Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng e Center Circle	
Enc Ples	losed is a check for the tase make check payable	following amount: to: FLORIDA DEPARTME	NT OF STA	TE		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing For of Status & Certification	

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida The alterna	te name must include "Limited Liability Compar	y," "l, L C," or "LLC	
Illinois			20-4216944		
(Jurisdiction under the law of which foreign limited liability company is organized)		<i></i>	fi'il number, it applicable)		
03/31/2019					
	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905; F.S. to determ	registration) ine penalty habil	ity)		
16242 Crown Arbor Way (Street Address of Principal Office)		6. (Mailing Address)			
					Fort Myers, FL 33908
Name and street addres	s of Florida registered agent: (P.O. Box		ptable)		
	Romona M. Kroll			es de la company	
Name: Office Address:	16242 Crown Arbor Way		_	12	
Office Audress:	Fort Myers			\$11 7:	
	(City)		(Zin code)	വ	

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.

(Registered agent's signature)

(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:	Title or Capacity:	Name and Address:
Manager	Name: Robert E. Kroll	Manager	Name:Romona M. Kroll
Member	Address: 16242 Crown Arbor Way	■ Member	Address: 16242 Crown Arbor Way
Authorized	Fort Myers, FL 33908	Authorized	Fort Myers, FL 33908
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	1.00 m (*)
Manager	Name:	☐ Manager	Name: 2
Member	Address:	Member	Address:
Authorized		☐ Authorized	<u></u>
Person		Person	<u>~~~</u>
Other	Other	Other	Other

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Robert E. Kroll

File Number

0176328-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

R K TECHNOLOGIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 09, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH 2019

day of A.D.APRIL

Authentication #: 1910702720 verifiable until 04/17/2020 Authenticate at: http://www.cyberdriveillinois.com