

M19000005693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

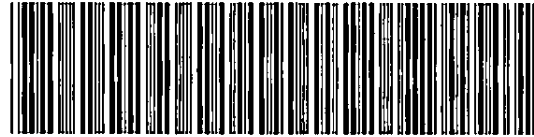
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN -3 PM 4:54
TALLAHASSEE, FLORIDA

B KINSEY
JUN 11 2019



Paula D. Ahern
Kycro Plastics LLC
P.O. Box 151644
Cape Coral, FL 33915

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

May 22, 2019

I filed Kycro Plastics LLC in error as an LLC corporation instead of a filing for a Foreign LLC. I was asked to dissolve the corporation by the City of Cape Coral, FL and in doing so I noticed that my company's name is locked for 120 days. I have no intention to dissolve this business as we opened this year in North Adams, MA and simply want to perform sales only in the State of Florida. Will you please release the name back to me, as the President/Owner of the LLC and accept the enclosed Application by Foreign Limited Liability Company?

Please call me if you have any questions at 239-826-1909.

FEIN: 83-2190974

Thank you,

Paula D. Ahern,

President, Kycro Plastics LLC

19 JUN -3 PM 4:54
TALLAHASSEE FL 32314
DIVISION OF CORPORATIONS

Kycro Plastics LLC

Phone: 239-826-1909

E-mail: info@kycroplasticsllc.com

www.kycroplastics.com

COVER LETTER

TO: Registration Section
Division of Corporations

Kycro Plastics LLC

SUBJECT: _____
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:

Paula D. Ahern

Name of Person

Kycro Plastics LLC

Firm/Company

PO Box 151644

Address

Cape Coral, FL 33915

City/State and Zip Code

info@kycroplasticsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula D. Ahern
Name of Contact Person

at (239)
Area Code

826-1909
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

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

19 JUN -3 PM 4:51

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:

Kycro Plastics LLC

1. _____
(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.")

MA

83-2190974

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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)

456 Ashland Street

PO Box 8

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

North Adams, MA 01247

North Adams, MA 01247

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

Name: Paula Ahern

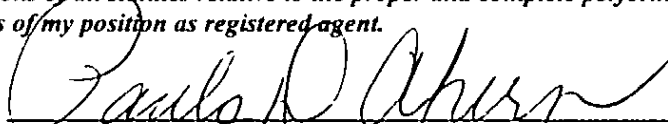
Office Address: 1939 SE 21 Street

Cape Coral 33990
_____, Florida _____
(City) (Zip code)

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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.



(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: Paula D. Ahern
Address: 1939 SE 21 Street
Cape Coral, FL 33990
☐ Member
☐ Authorized
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: Jeffrey Crosier
Address: 133 Mohawk Trail
Florida, MA 01247
☐ Member
☐ Authorized
Person
☐ Other ☐ Other

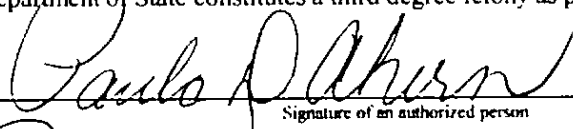
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

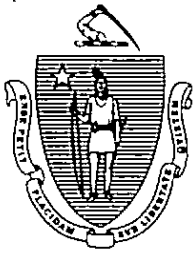
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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.


Signature of an authorized person
Paula D. Ahern
Typed or printed name of signee



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

May 21, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

KYCRO PLASTICS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 21, 2019.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **PAULA D AHERN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **PAULA D AHERN, JEFFREY M CROSIER**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

