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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	KING RENTAL PROPERTIES, LLC, a North Carolina limited liability company CT:					
Name of Limited Liability Company						
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please	eturn all correspondence concerning this matter to the following:					
	Lance Geller					
	Name of Person					
	Lance A. Geller, P.A.					
	Firm/Company					
	1680 Michigan Ave., #700					
Address						
	Miami Beach, FL 33139					
	City/State and Zip Code					
	lance@gelleresq.com					
	E-mail address: (to be used for future annual report notification)					
For fun	Lance Geller Area Code Daytime Telephone Number 1					
	Lance Geller 305 777-2211 305 27					
	Name of Contact Person Area Code Daytime Telephone Numb					
	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 \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy 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:

(Name of Foreign	Limited Liability Company; must inclu-	de "Limited Liabili	ty Company,"	"L.L.C.," or "LLC.")		•	_
(If name unavailable, enter alternate r	name adopted for the purpose of transacting but	siness in Florida. The i	alternate name rr	ust include "Limited Liability	y Company," "L.L.C	C," or "LL	.c.")
North Carolina 2. (Jurisdiction under the law of w	thich foreign limited hability company is organi	3	·	(FEI number.	:(*appliaet.fe)		-
Upon registration							
	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S	a, if prior to registration S. to determine penalty	n.) / liability)	 			
10724 Beaver Pond La		6.		aver Pond Lane			
(Street Address of	Principal Office)			(Mailing Address) -		_
Raleigh, NC 27614-96	661		Raleigh, N	NC 27614-9661	AL	19	_
					EARA LARA	MUL	
7. Name and street address	ss of Florida registered agent: (F	P.O. Box <u>NOT</u>	acceptable)		SEE. FLE	O PH 4:4	1.50
Name:	Lance A. Geller, P.A.		<u> </u>		AIE BRIDA	-	
Office Address:	1680 Michigan Ave., #700						
	Miami Beach		, Fi	33139 orida			
	(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.

(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: Tim King		Name: Mariam King
Member	Address: 10724 Beaver Pond Ln.	■ Member	Address: 10724 Beaver Pond Ln.
Authorized	Raleigh, NC 27614	Authorized	Raleigh, NC 27614
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	19 19
Other	Other	Other	Doubler E
			I P
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	>
Person		Person	<u> </u>
Other	Other	Other	Other

<u>Important Notice</u>: 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. 1 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 attractive person

Traced or printed name of single



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

KING RENTAL PROPERTIES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of January, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Elaine I. Marshall

of Raleigh, this 31st day of May, 2019.

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Certification# 105111305-1 Reference# 15434628- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification