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COVER LETTER

TO:

TO;	Registration Section Division of Corporations					
cuns	K&B GLOBAL CONS	ULTING, LLC				
SUBJ	EC1:	Name of Lim	ited Liability (Company	· · · · · · · · · · · · · · · · · · ·	
	iclosed "Application by Foreign nce, and check are submitted to					
Please	return all correspondence conc	erning this matter to the follo	owing:			
	ERIKA LIPKIN					
		Name	of Person			
	LIPKIN CPA PLL	С			2010 TAL	
		Firm/	Company		AUG	 : ,
	119 OLD LARKSI	PUR WAY			-9 -9 -9	!
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	CHAPEL HILL, N	C 27516			1.0%i	
		City/State	and Zip Code		\$*** W	
	MBERNSTEIN@K	ANDBGC.COM				
	E.	mail address: (to be used for	r future annual	report notification)		
For fu	rther information concerning th	is matter, please call:				
	ERIKA LIPKIN	al	646	498-3357		
	Name of C	ontact Person	Area Code	Daytime Telep	phone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRE Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 32	ations n nter Circle	
	Enclosed is a check for the f Please make check payable t		ENT OF STA	TE		
		\$130.00 Filing Fee & Certificate of Status	\$155.00	_	\$160.00 Filing Fee of Status & Certifi	

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. K&B GLOBAL CONS	SULTING, LLC Limited Liability Company, must include "Limit		TZ TITL WENT I Z IN . MATZ	***		
(Name of Poreign	Limited Liability Company, must include Timit	eu maniit	y company, Elec, or Lie.	1		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	orida The a	ternate name must include "Limited I.	iability Compa	ny,""L.L.C	or "LLC
NORTH CAROLINA		•	83-4513976			
Jurisdiction under the law of w	nich foreign limited hability company is organized)	3.	(FEI number, if applicable)			
JULY 19, 2019						
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	registration) liability)	TAI	201	
1020 HOMER STREE		6,	1020 HOMER STREET	LAH	2019 AJU	 :
5. (Street Address of E	hincipal Office)		(Mailing Ac	idress) ~	5	;
DURHAM, NC 27707			DURHAM, NC 27707	inf.	9 F:	· [.
				Loaic	4: 2	· • • ·
				<u></u>	<u> </u>	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)			
Name:	JOHN KERINUK					
Office Address:	6423 COCOS DRIVE	·				
	FORT MYERS		33908 , Florida			
	(City)		(Zip e	ode)		
Registered agent's accep	tance:					

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 signainte

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: JOHN KERINUK MERRICK BERNSTEIN Manager Manager Manager Address: ___6423 COCOS DRIVE 1020 HOMER STREET Address: ■ Member Member DURHAM, NC 27707 FORT MYERS, FL 33908 Authorized Authorized Person Person Other_ Other_ Other___ Other____ Manager Manager Name: Name: Member Member Authorized Authorized Person Person Other____ Other____ Other__ Name: Manager Manager Name: Member ☐ Member Address: Address: Authorized Authorized Person Person Other__ Other____ Other___ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Stath conditutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

JOHN KERINUK



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

K&B GLOBAL CONSULTING, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 24th day of April, 2019

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of July, 2019.

Elaine J. Marshall

Secretary of State