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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 AUG 28 PM 4:33

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kurtboy904@gmail.com

**Foreign Limited Liability Company
Kingdom Contracting Services LLC**

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kingdom Contracting Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Wyoming

84-2080512

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

(FEI number, if applicable)

3. Upon Filing

(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.005, F.S., to determine penalty liability)

5. 6151 Sands Pointe Dr, Macclenny, Florida 32063

(Street Address of Principal Office)

6. 6151 Sands Pointe Dr, Macclenny, Florida 32063

(Mailing Address)

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation

Florida 33324

(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.



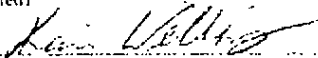
(Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Member: Kevin Williams, 6151 Sands Pointe Dr, Macclenny, Florida 32063

Member: Curtis Williams, 6151 Sands Pointe Dr, Macclenny, Florida 32063

9. Attached is a certificate of existence, no more than 60 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.)



Signature of an authorized person

This document is executed in accordance with section 605.0205(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.

Kevin Williams, Member

Typed or printed name of signer

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RECEIVED
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Kingdom Contracting Services LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 5, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000859821**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of August, 2019 at 12:52 PM. This certificate is assigned 032415725.



Edward A. Buchanan
Secretary of State