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## **Foreign Limited Liability Company** Kim Ross Consulting LLC

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

is a

	ISINESS IN THE STATE OF FLORIDA:	NG IS SUBMITTED TO REGISTER	019 ALI	
Kim Ross Cons	sulting LLC	.,	5 8 1.	
(Name of Foreign	Limited Liability Company, must include "Limited Liability	Company," "L.L.C.," or "LLC.")	AS	
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ame unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flunda. The a	ternate name must multide "Limited Liabili	ty Complains, ""L L.C. or "LLC")	
New York	3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(f.l:1 number,	11 abbyroppi).	
			•	
	(Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905, F.S. to determine penalty			
2602 Can	_		o St	
(Street Address of	esee St.	6. 2602 Genesee St.		
1 1. 1 1 1 4	^~^			
Utica NY 1	13502	Utica NY 135	02	
Name:	Registered Agents In 7901 4th St N STE 30	C.	02	
Name and street addre	Registered agent: (P.O. Box NOT:  7901 4th St N STE 30	C.	02	
Name and <u>street addre</u> Name:	Registered Agents In	C.	<u>02</u>	
Name and <u>street addre</u> Name:	Registered agent: (P.O. Box NOT:  7901 4th St N STE 30	C.	02	
Name and street address:  Office Address:  egistered agent's acceptiving been named as resignated in this application comply with the provis	Registered agent: (P.O. Box NOT:  7901 4th St N STE 30  St. Petersburg	C.  OO  Florida 33702  (Zapcode)  for the above stated limited livered agent and agree to act in	ability company at the positive company at the positive company.	
Name and street address:  Office Address:  egistered agent's acceptiving been named as resignated in this application comply with the provis	Registered agent: (P.O. Box NOT:  Registered Agents In  7901 4th St N STE 30  St. Petersburg  Constance: Constance: Constance of processes at ion. I hereby accept the appointment as registered and statutes relative to the proper and co	C.  OO  Florida 33702  (Zapcode)  for the above stated limited livered agent and agree to act in	ability company at the positive controls. I further	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Kimberly Ross Manager Name: \_\_\_ Manager 7901 4th St N STE 300 Member Member Address: \_ Address: St. Petersburg FL 33702 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_ Other\_ Manager Name: Manager Name: Member | Address: Member Address: \_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other\_\_\_\_ Manager Name: Manager | Name: Member Member Address: Address: \_\_\_\_\_ Authorized \_\_\_Authorized Person Person Other\_\_\_\_ Other\_\_ \_\_Qther\_\_\_ 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 State constitutes a third degree felony as provided for in s.817.155, F.S. Rilling 12k.
Signature of an authorized person Riley Park Typed or printed name of signee

## • • •

## State of New York Department of State } ss:

I hereby certify, that KIM ROSS CONSULTING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/17/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of Octobers two thousand and nineteen.

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Breden C Higher

Brendan C, Hughes Executive Deputy Secretary of State

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