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Account#: I20000000088

Date:	05/08/2020	
Name:		
Reference #	1216402	
Entity Name	KMS HOM	E RENOVATORS LLC
✓ Article	es of Incorporation/Authoriza	ion to Transact Business
Amer Amer	ndment	
Chan	ge of Agent	l ca
Reins	statement	
☐ Conv	ersion	1,5 5.
☐ Merge	er	
Disso	lution/Withdrawal	
Fictitie	ous Name	
Other	- 	
Authorized A	Amount: \$125.00_	<u>.</u>

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

	CTION 603.0902, FLORIDA STATUTES, THE . USINESS IN THE STATE OF FLORIDA:	FOLLOWING	G IS SUBMITTED T	O REGISTER A FORE	GN LIMITED LIABILITY	
1	KMS Home Re					
(Name of Foreign	Limited Liability Company, must include "Limi	ted Liability (Company, "LLC.,"	or "LLC.")		
7. A.		Davids The share		**		
(If name unavailable, caser alternate name adopted for the purpose of transacting business in Florida ARIZONA 2. (Turisdiction under the law of which thesign busined liability company is organized)			3. (FEI			
4	Data free brancacted bestmers in Florida Hoclar	to resistration.				
	(Date first transacted business in Florida, If prior (See sections 605.0904 & 603.0905, F.S. to deter	roins penalty lea			> T	
5. 5255 E	: PIMA SI	6		E PIMA S	<u> </u>	
				-	5712	
100301	I, AZ, 85712	_	10030	ON, AZ, 85	7/12	
					I	
		-				
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)		-	
					ව	
Name:	COGENCY GLOB	ALIN	C.			
	445 North Calbara S	e Cuita	- A			
Office Address:	115 North Calhoun S	ı. Sult	3 4			
	Tallahassee	e	, Florida	32301		
	(Ctty)			(Zip coča)		
Registered agent's acceptaining been named as r	epistered agent and to accept service o	f process fo	or the above state	ed limited liability c	ompany at the place	
designated in this applica	ation, I hereby accept the appointment tions of all statutes relative to the prop	as register	ed agent and agr	res to act in this cap	pacity. I further agree	
and accept the obligation	ns of my position as registered agent.					
•	Shan	now '	M Mac	Dec		
	(Registered agent	t's elgosturo)				

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: Title or Capacity: Name and Address: Name and Address: Name: KYLE MOKHTARIAN Name: MATTHEW SKIDMORE Manager | **Manager 5255 E PIMA ST 5255 E PIMA ST** Member ☐ Member **TUCSON, AZ, 85712** TUCSON, AZ, 85712 Authorized Authorized Person Person Other Other____ Other Other Manager Manager Name: ___ Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other_ Other Manager Name: Manager Address: ____ Member Address: _____ Member 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 State constitutes a third degree felony as provided for in s.817.155, F.S.





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

KMS HOME RENOVATORS LLC

ACC file number: 23083990

was incorporated under the laws of the State of Arizona on 05/06/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices,



IN WITNESS WHEREOF. Thave hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 05/08/2020.

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Matthew Neubert, Executive Director



