

M200000008187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

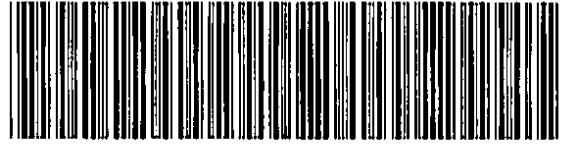
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 31 2020

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FILED
2020 AUG 31 PM 3:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

US
9/20/20



- Incorporate in 50 States
- LLC Formation in 50 States
- Series LLC's
- Boat & Aircraft Holding Companies
- Certified Copies & Apostilles
- Foreign State Qualification
- Registered Agent Service in 50 States
- Business License Application Service
- EIN Application Service

- Virtual Office/Delaware Street Address
- Mail & Package Forwarding Service
- Certificates of Good Standing/Existence
- Delaware USA Offshore Companies
- Foreign Consulate Document Legalization
- Renewal & Revival of Charter
- Dissolution/Cancellation of Charter
- Amendments
- UCC Services

3422 Old Capitol Trail, Suite 700 - Wilmington, Delaware 19808 USA
Ph 1.800.423.2993 (1.302.996.5819) - Fax 1.800.423.0423 (1.302.996.5818)
support@dbiglobal.com - www.dbiglobal.com

August 28, 2020

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2020 AUG 31 PM 3:35
TALLAHASSEE, FLORIDA
STATE

RE: Foreign Qualification for Kinetic Adventure Medical Education LLC

Dear Sir/Madam,

The captioned company is a domestic Delaware LLC and requests the authority to transact business in Florida.

Enclosed please find the following:

- Application for Registration of a Foreign LLC
- Certificate of Good Standing from Delaware
- Our check for \$125 to cover the filing fee and designation of Registered Agent

If you have any questions, or require any additional information, please let me know by email: terry.berry@dbiglobal.com or by phone 302-996-5819.

Thank you for your prompt approval.

A handwritten signature in cursive script that reads "Terry".

Terry Berry
Incorporation Specialist

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kinetic Adventure Medical Education LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Terry Berry

Name of Person

Delaware Business Incorporators, Inc.

Firm/Company

3422 Old Capitol Trail, Suite 700

Address

Wilmington, DE 19808

City/State and Zip Code

support@dbiglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Berry

Name of Contact Person

302

Area Code

996-5819

Daytime Telephone Number

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

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
2020 AUG 31 PM 3:35
TALLAHASSEE, FLORIDA

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:

1. Kinetic Adventure Medical Education LLC

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

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

2. Delaware

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

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1530 P B Lane

(Street Address of Principal Office)

L4522

Wichita Falls, TX 76302

6. (Mailing Address)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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:** _____
☐ Manager Name: Cheryl Lowry
☒ Member Address: 1530 P B Lane
☐ Authorized L4522
Person Wichita Falls, TX 76302
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: Brian Pinkston
☒ Member Address: 1530 P B Lane
☐ Authorized L4522
Person Wichita Falls, TX 76302
☐ Other _____ ☐ Other _____


☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: 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. 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.



Signature of an authorized person

Cheryl Lowry

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINETIC ADVENTURE MEDICAL EDUCATION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2020 AUG 31 PM 3:35




Jeffrey W. Bullock, Secretary of State

6701286 8300

SR# 20206652691

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203435930

Date: 08-10-20