

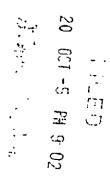
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COVER LETTER

TO:	Registration Sec Division of Corp	orations	
SUBJE	CT: KING		U.S.A. LLC
		Name	of Limited Liability Company
The enc. Existence	losed "Application e, and check are s	by Foreign Limited Liability Cubmitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please re	eturn all correspon	dence concerning this matter to	the following:
		KEITH	
			Name of Person
		KING HOLDIN	NGS U.S.A. LLC
		Kind Hoeky	Firm/Company
		5460 N. O	CEAN DRIVE, UNIT 7C
			Address
		O WY CON 10	10401 El 7711014
		KIVIEKH E	SEACH, FL 33404 ty/State and Zip Code
		Ci	ty/State and Zip Code
		KINGHOLDIN	GS @ AOL.COM
		E-mail address: (to be	used for future annual report notification)
For furtl	ner information co	ncerning this matter, please call	<u>:</u>
			!\
		KEITH KING	at (704) 779 - 8866 Area Code Daytime Telephone Number 3
]	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Se		Registration Section
	Division of Co		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 · OTALIAN Tallahassee, FL 32303
		ck for the following amount: k payable to: FLORIDA DEPA Fee \$130.00 Filing Fee Certificate of	& 🛘 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

KING F	HOLDINGS	U.S.A.	LL	<u></u>			
(Name of Foreign	Limited Liability Company	; must include "Limited	Liability Con	npany," "L.L.C.,"	or "LLC.")		
name unavailable, enter alternate	name adopted for the purpose of	transacting business in Flo	orida. The alterna	nte name must includ	e "Limited Liability Co	mpany," "L.	L.C," or "LLC.")
NORTH (Jurisdiction under the law of w	CAROLI	NA mpany is organized)	3	46-5	502832 (FEI number, if app.	icable)	
	,					,	
	(Date first transacted busin (See sections 605,0904 &	ness in Florida, if prior to a	egistration.)	tv)			
2000 FA	ST PROVIDENCE				OCFAN)	מו 🌶	F #71
reet Address of Principal Office)	7700000	<u>- </u>	<u>د </u>	(Mailing Address)	OCEAN	PAIL	<u>, </u>
CHARLOTTE	, NC 282	270	R	IVIERA	BEACH	FL	33404
					,		
				/ - •	· · ·	2	
Name and street address	ss of Florida registered	agent: (P.O. Box	NOT accep	ptable)	[]: 황·	0 0	
	1161711	KING				- 130	
Name:	KEITH				, ,,	D Pu	[1]
Office Address:	5460 N. OC	EAN DRIVE	, Unit ?	<u> 1</u> C	. Ž	ώ)
	RIVIERA	BEACH		Florida	33404	20	
		(City)			(Zip code)		
egistered agent's accep aving been named as re		accept service of p	rocess for t	he above state	d limited liabilit	v compai	v at the place
signated in this applica comply with the provisi	ition, I hereby accept to ions of all statutes rela	he appointment as ative to the proper	registered	agent and agr	ee to act in this	capacity.	I further agr
d accept the obligation.	s of mv position as ree	ristered agent.					
d accept the obligation	s of my position as reg	ristered agent.	,				

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: KEITH KING Name: SANDRA STREET □Manager □Manager Address: 5460 N. OCEAN DRIVE Address: 2000 E. Providence DR. Member Member unit 7c CHARLOTTE, NC 28270 □ Authorized □ Authorized RIVIERA BEACH, FL 33404 Person Person □Other Other ☐ Other_____ □Other____ □ Manager ☐ Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other □Other □ □ Manager □Manager Name: □Member Address: _____ □Member 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 State constitutes a third degree felony as provided for in s.817.155, F.S.

KING

Typed or printed name of signee

KEITH



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

KING HOLDINGS U.S.A. LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 18th day of February, 2014

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.

Certification# 108246700-1 Reference# 16542712- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of September, 2020.

Elaine J. Marshall

Secretary of State