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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	KD BUILDERS, LLC			
	Name of Li	nited Liability C	ompany	
	d "Application by Foreign Limited Liability Compar and check are submitted to register the above reference			
lease retur.	n all correspondence concerning this matter to the fo	llowing:		
	Daniel Antonell			
	Nam	e of Person		
	KD BUILDERS, LLC			
	Fim	n/Company		
	4625 Catalina Lane			
		Address		
	Bonita Springs, FL 3	4134		
	·	e and Zip Code		
	dantonell324@gmail.			
Ing Bigthag i	E-mail address; (to be used f	or tuture annual	report notification)	
	information concerning this matter, please call:	205	007 5075	~?
_ _	Daniel Antonell	at (305	807-5275	2070 DET 19 1
	Name of Contact Person	Area Code	Daytime Telephone Number	
	AILING ADDRESS: vision of Corporations		STREET ADDRESS: Division of Corporations	19
Reg	gistration Section		Registration Section	팔.
	D. Box 6327 Hahassee, FL 32314		Clifton Building 2661 Executive Center Circle	έö
1 41	randssee, FE 52514		Tallahassee, FL 32301	: 1:2
	closed is a check for the following amount: tase make check payable to: FLORIDA DEPARTM	IFNT OF STAT	ጉ	
	\$125.00 Filing Fee \$ S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KD BUILDERS, LLC

(Name of Extraor Limited Liability Company): "THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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(Name of Extraor Liability Company): "THE FOLLOWING IN THE STATE OF FLORIDA:

name unavailable, enter alternate name adopted for the purpose of transacting business in Flo Nevada (Furisdiction under the law of which foreign limited liability company is organized)		3. 85 - 3391423 (FEI number, il applicable)		
(Turisdection under the faw of w	inen iskelga munee naomiy conquiny (v organized)	VII. aumoer, ii ap	pricatoic)	
	(Date first transacted business in Florida, it prior (See sections 605,0904 & 605,0905, F.S. to dete		-	
4625 Catalina Lane		6. 4625 Catalina (Mailing Address)	4625 Catalina Lane	
	ngs, FL 34134	Bonita Springs, I	FL 34134	
Same and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	2070 0	
Name and street address	ss of Florida registered agent: (P.O. B	· ·	2678 0- 119	
	_	nts Inc.	— : — : Ö	

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.



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: Name: Kathryn Antonell Name: Daniel Antonell Manager Manager Address: 4625 Catalina Lane Address: 4625 Catalina Lane ☐Member ☐ Member Bonita Springs, FL 34134 Bonita Springs, FL 34134 Authorized Authorized Person Person Other____ Other____ Other_____ Other__ Name: _____ Manager Name: Manager Manager Member Address: Member Address: ______ Authorized Authorized Person Person Other____ Other__ Other____ Other__ Manager | Manager Name: _____ Name: ____ Member Address: _____ Member Address: ____ Authorized Authorized Person Person 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. Daniel Antonell

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KD BUILDERS**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/30/2020, and is in good standing in this state.

Certificate Number: B202010091136993

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/09/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE Secretary of State