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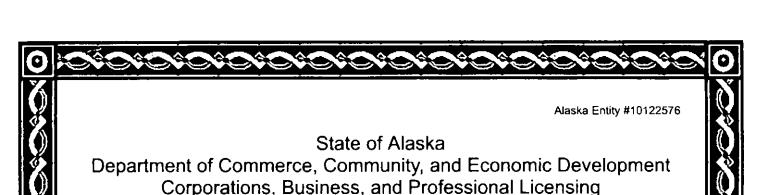
	egistration Section ivision of Corporations		
SUBJECT	KRK Asset Managemer	nt. LLC	
		Name of Limited Liability Company	
		n Limited Liability Company for Authorization to Transact Business in Florida," Cero register the above referenced foreign limited liability company to transact business	
Please retu	rn all correspondence conc	cerning this matter to the following:	
	Terese Ann Taylor	r	
		Name of Person	
	 -	Firm/Company	
	-281-SE 10th-St.	5917 Tarpon Gardens Cir. #202	
		Address	iness in Florida.
	-Pompano Brach, F	Cape Coral FL 33914	
	·····	City/State and Zip Code	J
	dr.teresetaylor@hoti	mail.com))
	E-	-mail address: (to be used for future annual report notification)	;
For further	information concerning th	·	_
Т	uisdie Fidler	800 375-2453	<u>.</u>
	Name of Co	at (·)
D R P	tailing address: pivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
P		10: FLORIDA DEPARTMENT OF STATE	
•	\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee Certificate of Status Certified Copy of Status & Certified	

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:

	Climited Liability Company	y; must include "L	amited Liability Com	pany," "L.L.C.," or "LLC) 	
ome unavailable, enter alternate n	name adopted for the purpose of	transacting business	in Florida. The alternate	name must include "Limited	Liability Company," "1, L	C," or "LLC ")
Maska						
(Junsdiction under the law of w	hich foreign limited hability cor	npany is organized:	3	(FEI n	umber, if applicable)	
	(Date first transacted but	aness in Florida, if o	not to registration)			
	(Date first transacted but (See sections 605 0904 a	£ 605 0905, F.S. to d	letermine penalty hability) Ea	17 To co.	Gardons
505 Old Steese Hwy S	Ste 122		-281 6.		17 Tarpor	
(Street Address of	Principal Office)		0	(Mailing /		#
Fairbanks, AK 99701			- Pen	pano Beach, FL 330	cape	Coral FI
<u> </u>					,	339
						77
						<u>'</u>
Name and street addres	os of Florida ravistara	d normer (D.O.	Day MOT coop	rahla)		
	25 of Lightny taliziere	a agent: (r.O.	Box <u>NOT</u> accep	(able)		. -
Name and street addre						****
Name and <u>street aguite</u>	Taraca Ann Toulos					:
Name:	Terese Ann Taylor					<u>:</u>
	Terese Ann Taylor	5917	Turan	- Gurdens	Cir #20	ੌ: ਰੁ
	Terese Ann Taylor	5917	Tarpon	- Gardens	Cir #20	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
Name:	Terese Ann Taylor	5917 Case	Tarpon	- Gardens - 	Cir #20 - 33914	2." 2."
Name:	Terese Ann Taylor 281 SE 10th St: Pompane Deach	5917 Cape	Tarpon	- Gardens - - -, Florida	Cir #20 - 33914) 2.
Name:	Terese Ann Taylor 281 SE-10th Str. Pompane Deach	5917 Cape	Tarpon	- Gardens - - -, Florida	Cir #20 - 33914	2." 2."
Name: Office Address: gistered agent's accep	-281 SE-10th St. -Pompano Deach ptance:					
Name: Office Address: gistered agent's accepting been named as re	Pompane Deach ptance: egistered agent and to	accept service	e of process for t	ne above stated limit	ted liability compa	iny at the place
Name:	Pompane Deach ptance: egistered agent and toution, I hereby acceptions of all statutes res	accept service the appointme ative to the pr	e of process for to ent as registered oper and comple	he above stated limi agent and agree to d	ted liability compa tet in this capacity	iny at the place . I further agree

Manager	Name and Address:	Title or Capacity:	Name and Ad	<u>dress:</u>
	Name: Terese Ann Taylor	Manager	Name: Gerald Louis Taylor	
Member	Address: 281-SE 10th St.	■ Member	Address: 7318 La Costa St.	
■ Authorized	Pompano Beach, Fls 33060	Authorized	Sparks, NV 89436	
Person	5917 Turpon Gardens Cir 7	1207 Person		
Other	Cape Coral FL 33914	Other		
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	Other	_
			3.50 E	
Manager	Name:	∐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized	=	
Person		Person		_
Other	Other	Other	Other	



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

KRK Asset Management, LLC

This entity was formed on January 17, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Cinterson



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **December 9, 2020**.

Julie Anderson Commissioner



November 30, 2020

TERESE ANN TAYLOR 5917 TARPON GARDENS CIR #202 CAPE CORAL, FL 33914 US

SUBJECT: KRK ASSET MANAGEMENT, LLC

Ref. Number: W20000135706

We have received your document for KRK ASSET MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 320A00023884

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