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KULTURE KINGS LLC

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	KULTURE KINGZ LLC	
0000		ame of Limited Liability Company
		ty Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florid
Please	return all correspondence concerning this matte	r to the following:
	Rick Carter	
		Name of Person
	KULTURE KINGZ ŁŁC	
		Firm/Company
	5500 Columbia Pike Rd	
		Address
	Arlington, VA 22204	
		City/State and Zip Code
	rickearterst@gmail.com	
	E-mail address: (to	be used for future annual report notification)
For fur	rther information concerning this matter, please	call:
	Branden Jackson	910 759-0333 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI \$\Begin{array}{c} \Begin{array}{c} \Box \Box \Box \Box \Box \Box \Box \Box	EPARTMENT OF STATE

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	de. The alternate name must includ	de "Limited Liability Compar	
Virginia	,			y. B.c.e. or BEC. 1
2. (Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI number, if applicable	e)
Upon Completion				
4	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	stration)		
5500 Columbia Pike r		5500 Columbia Pi		
5. (Street Address of Principal Office)		6. (Mailing Address)		
Arlington, VA 22204		Arlington, VA 222	204	
Suite 317		Suite 317		
7. Name and street addre	ss of Florida registered agent: (P.O. Box <u>N</u> Branden Jackson	<u>(OT</u> acceptable)		2021 JUL 19
Name: Office Address:	16686 NW 21st Building 11 APT 304			PH 2: 13
	Pembroke Pines	33 , Florida	3028	24
	(City)		(Zîp code)	
Registered agent's accep Having been named as re	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re-	cess for the above state egistered agent and agr ed complete performanc	ce to act in this cape	acity. I further agr

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Branden Jackson	□Manager	Name: Maurice Smith
■Member	Address: 16686 NW 21st Building 11 AI	■Member	Address: 1421 Leafcrest In, APT 101
□Authorized	Pembroke Pines, FL 33028	□Authorized	Chesterfield, VA 23235
Person		Person	
□Other	Other	Other	□Other
∐Manager	Name: Rick Carter	□Manager	Name:
■Member	Address: 5500 Columbia Pike Rd. Apt 31	□Member	Address:
□Authorized	Arlington, VA 22204	□Authorized	
Person	***************************************	Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□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. 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.

2 Jaker	
	Signature of an authorized person
Branden Jackson	
	Typed or printed name of spane

Commonboealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That KULTURE KINGZ LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on June 2, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 19, 2021

Bernard J. Logan, Clerk of the Commission