Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000445879 3)))



H210004458793ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co Fax Number	rporations : (850)617-6383		
From:				
, , 0,,,,	Account Name	: REGISTERED AGENTS INC.		
		: 120090000081	\mathbb{F}_{ϕ}	72
		: (307)200-2803	75 (0	8
	Fax Number			2021 DEC
*Enter the	email address fo	r this business entity to be used for	fúture	1
annual	report mailings.	Enter only one email address please	**nc	
Email A	ddress:		m co	-
			調ぎ	
				0

Foreign Limited Liability Company Kali's Unlimited Solutions LLC

1:27	701W3
Œ	=
_	250
	- 21
121	

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 mavailable, enter alternate n	Limited Liability Company; must include "Limite ame adopted for the purpose of transacting business in Fic	orida. Flic alternate name must include "Limited Liability Company," "L.L.C," or "L	c. _. .,
. Washingto	n	3	<u> </u>
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, if applicable)	
4.	(Date 55% transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
301 W Bay Street (Street Address of Principal Office)		₆ 301 W Bay St	
(Street Address of Principal Office)		(Mailing Address)	_
Suite 1400		Suite 1400	_
Jacksonville Florida 32202		Jacksonville FL 32202	
7. Name and street address	ss of Florida registered agent: (P.O. Box		. 3
Name:	Registered Agent	ts Inc.	
Office Address:	7901 4th St N STE 300		•
	St. Petersburg	. Florida 33702	
	(City)	(Zip code)	
	• • •		

(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: Title or Capacity: Name and Address: Name: Khaliliah Hagwood Manager ☐ Manager Name: 7901 4th St N STE 300 X Member Address: ____ ☐ Member St. Petersburg FL 33702 Authorized Authorized Person Person Other Other Other___ Other____ Manager Name: Name: Member Address: ☐ Member Address: Authorized 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. 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. Riley Park

Lyped or printed name of signee





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

KALES UNLIMITED SOLUTIONS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/27/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/07/2021 UBI Number: 604 665 683

-R Hobbie

STATE OF STA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 12/07/2021