

122000004789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

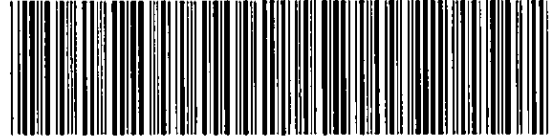
(Business Entity Name)

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2022 MAR 30 AM 11:52 2022 MAR 30 AM 9:07

ALLAHASSEE, FLORIDA  
St. Leon County of State  
ALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 31 2022



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 03/30/2022

Name: Merritt Walker

Reference #: 1616908

Entity Name: KMS ENTERPRISES, L.L.C.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: 

**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:*

1. KMS ENTERPRISES, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

KMS Florida Properties, L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ARIZONA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0035810  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5225 E Pima St  
(Street Address of Principal Office)

6. 5225 E Pima St  
(Mailing Address)

Tucson AZ 85712

Tucson AZ 85712

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

/S/ SHANNON M. MADDIX

(Registered agent's signature)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

☐ Manager                      Name: KYLE MOKHTARIAN

☒ Member                      Address: \_\_\_\_\_

☐ Authorized                      5124 E FT LOWELL RD

Person                      TUCSON, AZ, 85712

☐ Other \_\_\_\_\_ | Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: MARY MOKHTARIAN

☒ Member                      Address: \_\_\_\_\_

☐ Authorized                      5124 E FT LOWELL RD

Person                      TUCSON, AZ, 85712

☐ Other \_\_\_\_\_ | Other \_\_\_\_\_

☐ Manager                      Name: Matthew Skidmore

☒ Member                      Address: \_\_\_\_\_

☐ Authorized                      6636 E River Heights Pl

Person                      Tucson, AZ 85750

☐ Other \_\_\_\_\_ | Other \_\_\_\_\_

☐ Manager                      Name: Marci Barnes Skidmore

☒ Member                      Address: \_\_\_\_\_

☐ Authorized                      6636 E River Heights Pl

Person                      Tucson, AZ 85750

☐ Other \_\_\_\_\_ | Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_ | Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

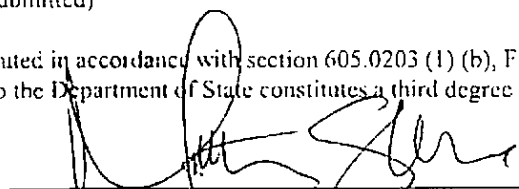
Person                      \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Matthew Skidmore  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**KMS ENTERPRISES, L.L.C.**

ACC file number: L10139335

was incorporated under the laws of the State of Arizona on 01/02/2002, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/30/2022



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director