

M22000006307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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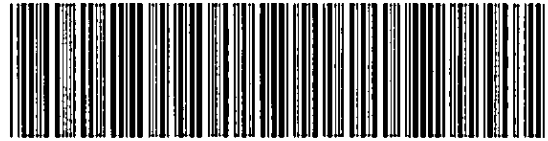
(Business Entity Name)

(Document Number)

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2022 APR 12 PM 6:32

FILED

S. FRANKLIN

APR 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KPL TRANSPORT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAMILA E LOPEZ GARCIA

Name of Person

PROTAX & FINANCE ADVISORS INC

Firm/Company

9000 SHERIDAN STREET, SUITE 148

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

camilalopez@protaxfa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILA E LOPEZ GARCIA

786

315-7746

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2022 APR 12 PM 6:42

**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. KPL TRANSPORT LLC

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

(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. TENNESSEE

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

3. 87-4028502

(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. 4656 27th STREET SW

(Street Address of Principal Office)

LEHIGH ACRES, FL 33973

6. 4656 27th STREET SW

(Mailing Address)

LEHIGH ACRES, FL 33973

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

Name: PROTAX & FINANCE ADVISORS INC

Office Address: 9000 SHERIDAN STREET, SUITE 148

PEMBROKE PINES

(City)

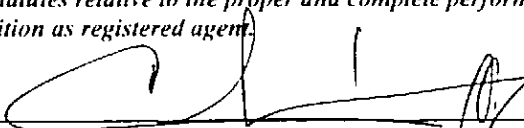
, Florida

33024

(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.


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>KEILER PELEGRIN LODOS</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4656 27TH ST SW</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>LEHIGH ACRES, FL 33973</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Keiler Pleguin Lodos

Signature of an authorized person

KEILER PLEGRIN LODOS

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KPL TRANSPORT LLC
1034 SHALLOW WATER WAY
MURFREESBORO, TN 37127

March 17, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0465934

Issuance Date: 03/17/2022
Copies Requested: 1

Document Receipt

Receipt #: 007031276 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3825455696 \$20.00

Regarding:	KPL TRANSPORT LLC	
Filing Type:	Limited Liability Company - Domestic	Control #: 924832
Formation/Qualification Date:	09/26/2017	Date Formed: 09/26/2017
Status:	Inactive - Dissolved (Administrative)	Formation Locale: TENNESSEE
Duration Term:	Perpetual	Inactive Date: 10/06/2020
Business County:	RUTHERFORD COUNTY	

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

KPL TRANSPORT LLC

* has been administratively dissolved. I further certify that the administrative dissolution was filed on the date noted above (inactive date).

Tre Hargett
Tre Hargett
Secretary of State

2022 APR 12 PM 6:32

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