

07/10/2022, 13.56

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)685-0955
Fax Number : (866)473-0571

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KCSOLUTIONZ@GMAIL.COM

**Foreign Limited Liability Company
KC SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

OCT - 7 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KC SOLUTIONS FLORIDA, 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:

KEVIN E CASTILLO

Name of Person

KC SOLUTIONS, LLC

Firm/Company

7275 CULPEPPER DR

Address

NEW ORLEANS, LA 70126

City/State and Zip Code

KCSOLUTIONZ@GMAIL.COM

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

For further information concerning this matter, please call:

ROBIN O'CONNOR

941

706-2336

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 05002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **KC SOLUTIONS, LLC**

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

KC SOLUTIONS FLORIDA, 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. **LOUISIANA**

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

3. **88-2469069**

(EIN number, if applicable)

4. _____

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

7275 CULPEPPER DR

5. _____
(Street Address of Principal Office)

7275 CULPEPPER DR

6. _____
(Mailing Address)

NEW ORLEANS, LA 70126

NEW ORLEANS, LA 70126

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

Name: **LICENSE EXAM SERVICES, LLC**

Office Address: **4713 WEBBER ST**

SARASOTA

(City)

, Florida

34232

(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.

X

Robert M. O'Connor

(Registered agent's signature)

2022 OCT -7 AM 11:26

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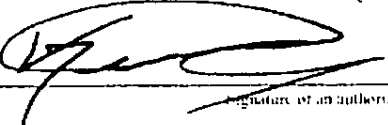
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: KEVIN E CASTILLO	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7275 CULPEPPER DR	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NEW ORLEANS, LA 70126	<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 605.0293 (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.

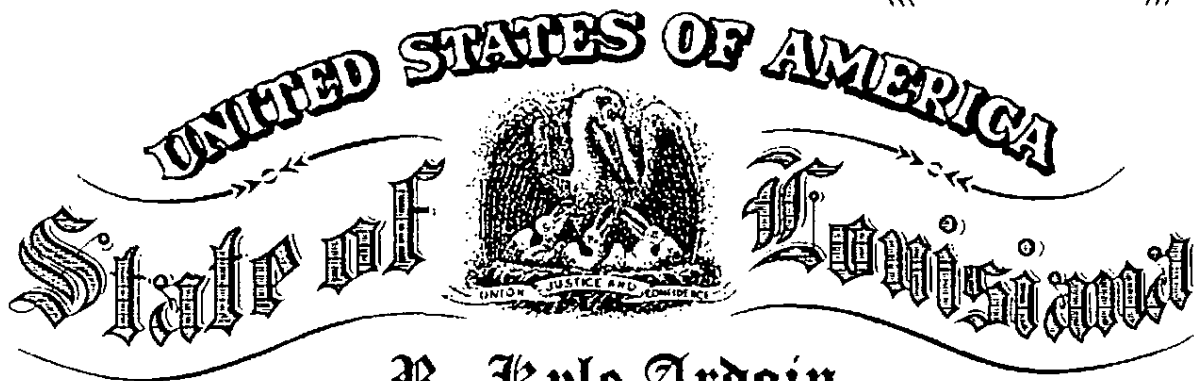
X 

 Signature of an authorized person

KEVIN E CASTILLO

 Typed or printed name of signer

((H22000345169 3)))



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the Articles of Organization of

KC SOLUTIONS LLC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 24, 2022,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

October 7, 2022

Secretary of State

Web 44945627K



Certificate ID: 11636068#E5P83

To validate this certificate, visit the following web site,
go to **Business Services**, **Search for Louisiana**
Business Filings, **Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov