Florida Department of State
Division of Corporations
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To:			1022 OC
	Division of (orporations.	量にコ
	Fax Number	: (850)617-6383	
From:			7
	Account Name	: REGISTERED AGENTS INC.	
	Account Number	er : I20090000081	等 6
	Phone	: (307)200-2803	音· 二
	Fax Number	: (855)330-1010	₩ ***

Foreign Limited Liability Company KS14 LLC

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

OCT 14 2022

Email Address:___

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

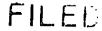
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Compo	any," "L.Ł C." or "LL
Tennessee	a high foreign limited liability company is organized)	3	ole)
			-
 	(Date first transacted business in Florida, if prior to re	vistration 1	
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605 0905, F.S. to determin	penalty liability)	
	atiempo Dr	6. 9500 Pasatiempo Dr	<u>.</u>
et Address of Principal Office)		(Mailing Address)	
Austin TX 78717		Austin TX 78717	
			72.0
ame and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	الله الإيلان الله إلى الله
	D 1 1 1 1 1 1 1 1 1		
Name:	Registered Agents Inc		7.
		<u></u>	THE TANKS SERVED BRIDE
Name: Office Address:	Registered Agents Inc 7901 4th St N STE 300		13.7. B. 15. B.
		Florida 33702	STA DANG

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: Singh, Harpreet Name: Jain, Rajeev \square Manager □Manager 7901 4th St N STE 300 Address: 7901 4th St N STE 300 X Member X Member St. Petersburg FL 33702 St. Petersburg, FL 33702 □ Authorized □ Authorized Person Person □Other_____ □Other_____ \square Other $\underline{}$ □Other__ \square Manager Name: Name: _____ □Manager □Member Address: □Member □ Authorized □ Authorized Person Person Other____ □ Other Other_ □Other □ Manager □Manager Name: 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. Signature of an authorized person

Typed or printed name of signee

Riley Park





2022 OCT 13 PM 4: 02

SEURE MART OF CHARLES FALLAHASSEE, FLORID,

Division of Business Services Department of State

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

LISA HORVATH

5810 SHELBY OAKS DR. STE B MEMPHIS, TN 38134 October 12, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0498662

Issuance Date: 10/12/2022

Copies Requested:

Document Receipt

Receipt #: 007548133

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3837686992

\$20.00

Regarding:

KS14 LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 01/28/2021

Status:

Active

Duration Term: Perpetual

Control # : Date Formed: 1164683 01/28/2021

Formation Locale: TENNESSEE

Filing Fee:

Inactive Date:

Business 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

KS14 LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Processed By: Cert Web User

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