

M23000003814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

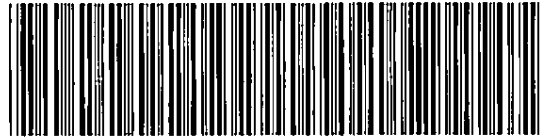
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2023 MAR 24 PM 1:51

APPROVED
FILED

MAR 25 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KILLEEN RENTALS, 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:

ROGER KILLEEN

Name of Person

KILLEEN RENTALS, LLC

Firm Company

602 N. FRANKLIN

Address

CUBA, MO 65453

City State and Zip Code

midmissouri@centurytel.net

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

For further information concerning this matter, please call:

REBECCA DOYLE

573

885-3265

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

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

IN COMPLYANCE WITH SECTION 605.06(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

2. STATE OF MISSOURI 3. 454093418
(Jurisdiction of formation) (Federal tax identification number, complete as required)

4. 02/02/2023
(Date first commenced business in Florida or prior to formation)
(See section 605.06(1)(b)(i) for 5-8 to determine periodic returns)

5. 602 N. FRANKLIN 6. 602 N. FRANKLIN
(Street address in U.S. or Foreign) (Alternate address)
CUBA, MO 65453 CUBA, MO 65453

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

Name ROGER KILLEEN
Office Address 9227 ASTONIA WAY
ESTERO 33967
Florida FLORIDA

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APPROVED
AND
FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

[Signature]
(Registered agent's signature)

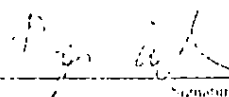
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>REBECCA DOYLE</u>	☐ Manager	Name: _____
☐ Member	Address: <u>602 N. FRANKLIN</u>	☐ Member	Address: _____
☐ Authorized	<u>CUBA, MO 65453</u>	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other	<u>Other</u> _____	☐ Other	<u>Other</u> _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other	<u>Other</u> _____	☐ Other	<u>Other</u> _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other	<u>Other</u> _____	☐ Other	<u>Other</u> _____

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 817.135, F.S.



 Signature of an authorized person

ROGER KILLEEN

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

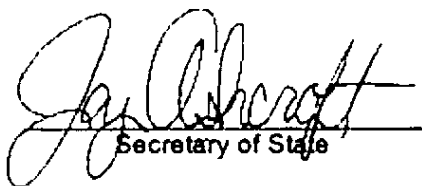
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

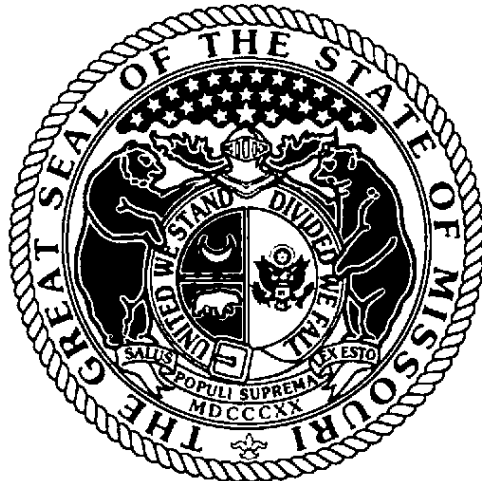
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Killeen Rentals LLC
LC1190572

was created under the laws of this State on the 20th day of December, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of February, 2023.


Secretary of State



Certification Number: CERT-02022023-0038