

M23000006621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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03/23/23--01011--026 \*\*130.00

MAY 23 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2023

DAVID KILPATRICK  
8000 AVALON BLVD STE 100  
ALPHARETTA, GA 30009 US

SUBJECT: DAVID KILPATRICK FINANCIAL LLC  
Ref. Number: W23000048640

We have received your document for DAVID KILPATRICK FINANCIAL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 623A00007992

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** David Kilpatrick Financial 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:

David Kilpatrick

\_\_\_\_\_  
Name of Person

David Kilpatrick Financial

\_\_\_\_\_  
Firm/Company

8000 Avalon Blvd, Suite 100

\_\_\_\_\_  
Address

Alpharetta, GA. 30009

\_\_\_\_\_  
City State and Zip Code

david@davidkilpatrickfinancial.com

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

For further information concerning this matter, please call:

David Kilpatrick

678

436-8171

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

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. David Kilpatrick Financial 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. Use "L.L.C." or "LLC" only if the company is authorized to do so by its "L.L.C." or "LLC.")

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

3. 81-568981  
(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 penalty liability)

5. David Kilpatrick  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

7530 Wandering Oak way  
Cumming, GA. 30041

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

Name: Glenda Kilpatrick

Office Address: 7848 Citrus Blossom Dr.

Land O Lakes, Florida 34367  
(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.

Glenda Kilpatrick  
(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]:

Title or Capacity:                      Name and Address:

☒ Manager              Name: David Kilpatrick

☒ Member              Address: 7530 Wandering Oak Way

☐ Authorized              Cumming, GA. 30041

Managing Member

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager              Name: Glenda Kilpatrick

☐ Member              Address: 7848 Citrus Blossom Dr

☐ Authorized              Land O Lakes, FL. 34367

Operations Manager

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person                      \_\_\_\_\_

☐ 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

David Kilpatrick  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**David Kilpatrick Financial LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25204078  
Date Inc/Auth/Filed: 11/23/2016  
Jurisdiction : Georgia  
Print Date : 05/23/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State