

M23000009308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

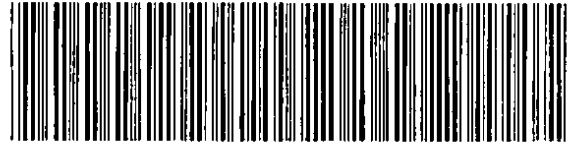
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEAL UNIT OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KRG SERVICES 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:

Daysi Parada

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

KRG SERVICES LLC

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

7217 Monticello Boulevard

\_\_\_\_\_  
Address

Springfield, VA 22150

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

ronney.sorto@krgservices.com

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

For further information concerning this matter, please call:

Roney Sorto

202

491-9435

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

at (\_\_\_\_\_) \_\_\_\_\_

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KRG SERVICES LLC

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

Key Resources Group LLC

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

2. Commonwealth of Virginia

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

3. 83-3132010

(FEI number, if applicable)

4. March 17, 2023

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

5. 7217 Monticello Blvd.

(Street Address of Principal Office)

6. 7217 Monticello Blvd.

(Mailing Address)

Springfield, VA 22150

Springfield, VA 22150

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

Name:

PostNet FL178 (DBA Paw Prints LLC)

Office Address:

6421 N. Florida Ave D-1418

Tampa

(City)

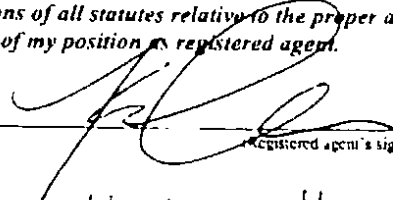
Florida

33604

(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)

Kathryn Higgins  
Manager, PostNet FL178

6/29/2023

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2023 JUL -6 PM 9:41

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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]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Daysi Parada

☐ Member Address: 7151 Twelve Oaks Dr.

☐ Authorized Fairfax Station, VA 22039

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Roney Sorto

☐ Member Address: 7151 Twelve Oaks Dr.

☐ Authorized Fairfax Station, VA 22039

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☒ Manager Name: Elanie Velasquez

☐ Member Address: 13357 Connor Dr. APT F

☐ Authorized Centerville, VA 20120

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Jeramie Garcia

☐ Member Address: 3265 Lanriston Place

☐ Authorized Fairfax, VA 22031

Person \_\_\_\_\_

☒ Other Payroll Manager ☐ Other \_\_\_\_\_

☐ Manager Name: Kathy Rios

☐ Member Address: 109 Ivywood Dr.

☐ Authorized Stafford, VA 22554

Person \_\_\_\_\_

☒ Other HR Manager ☐ Other \_\_\_\_\_

☐ Manager Name: Stefanie Villari

☐ Member Address: 2910 Madeira ct.

☐ Authorized Woodbridge, VA 2212

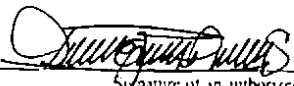
Person \_\_\_\_\_

☒ Other Administrative ass ☐ 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

Daysi Parada-Sorto  
 \_\_\_\_\_  
 Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

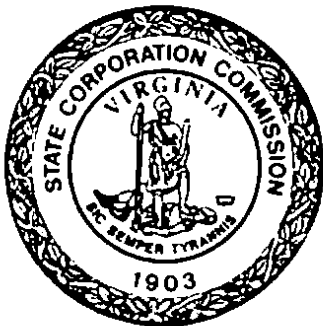
I Certify the Following from the Records of the Commission:

That KRG Services LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on January 14, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 27, 2023

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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  
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Key Resources Group 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. Commonwealth of Virginia

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

3. 83-3132010

(FEI number, if applicable)

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(Mailing Address)

Springfield, VA 22150

Springfield, VA 22150

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

Name:

PostNet FL178 (DBA Paw Prints LLC)

Office Address:

6421 N Florida Ave D-1418

Tampa

(City)

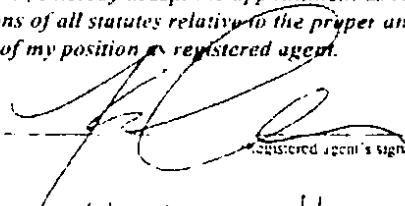
Florida

33604

(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)

Kathryn Higgins  
Manager, PostNet FL178

6/29/2023

SEP 11 2023  
TALLAHASSEE

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FILED

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>Daysi Parada</u>	<input type="checkbox"/> Manager	Name: <u>Jeramie Garcia</u>
<input type="checkbox"/> Member	Address: <u>7151 Twelve Oaks Dr.</u>	<input type="checkbox"/> Member	Address: <u>3265 Lanriston Place</u>
<input type="checkbox"/> Authorized	<u>Fairfax Station, VA 22039</u>	<input type="checkbox"/> Authorized	<u>Fairfax, VA 22031</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Payroll Manager</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Roney Sorto</u>	<input type="checkbox"/> Manager	Name: <u>Kathy Rios</u>
<input type="checkbox"/> Member	Address: <u>7151 Twelve Oaks Dr.</u>	<input type="checkbox"/> Member	Address: <u>109 Ivywood Dr.</u>
<input type="checkbox"/> Authorized	<u>Fairfax Station, VA 22039</u>	<input type="checkbox"/> Authorized	<u>Stafford, VA 22554</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>HR Manager</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Elanie Velasquez</u>	<input type="checkbox"/> Manager	Name: <u>Stefnaie Villari</u>
<input type="checkbox"/> Member	Address: <u>13357 Connor Dr. APT F</u>	<input type="checkbox"/> Member	Address: <u>2910 Madeira ct.</u>
<input type="checkbox"/> Authorized	<u>Centerville, VA 20120</u>	<input type="checkbox"/> Authorized	<u>Woodbrdige, VA 2212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Administrative ass</u>	<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.

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Signature of an authorized person

Daysi Parada-Sorto

Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

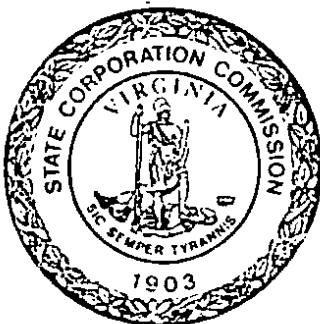
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