

9/5/23 1:38 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2300001450

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H23000308283 3)))



H23000308283ABC3

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 : THE LICENSE COMPANY LLC
Account Number : 120210000161
Phone : (844)484-2466
Fax Number : (888)204-8716

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

Email Address: info@thelicensecompany.com

Foreign Limited Liability Company
KROZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2023 SEP -5 PM 4:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -5 AM 7:05

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations

PO Box 8722 | Harrisburg, PA 17105-8722

T: 717-787-1057

dos.pa.gov/BusinessCharities

(((H23000308283 3)))

Regarding: KROZ, LLC
Request Type: Subsistence Certificate **Issuance Date:** September 01, 2023
Request No.: 021558624 **File No.:** 0006973276
Receipt No.: 000672822
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: November 07, 2019
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

KROZ, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt

Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

(((H23000308283 3)))

COVER LETTER

(H23000308283 3)0

TO: Registration Section
Division of Corporations

SUBJECT: KROZ, 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:

The License Company LLC

Name of Person

The License Company LLC

Firm/Company

55 E Granada Blvd Unit 1415

Address

Ormond Beach, FL 32175

City/State and Zip Code

info@thelicensecompany.com

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

For further information concerning this matter, please call:

The License Company LLC

844

484-2466

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

(H23000308283 3)0

((0123000308283 33))

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KROZ, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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 "LLC."

2. PA 3. 84-3674555
 (Jurisdiction under the law of which foreign limited liability company is organized) (EIT number, if applicable)

4. _____
 (Date first transacted business in Florida, if prior to registration)
 (See sections 605.09(1) & 605.09(5), F.S., to determine penalty liability)

5. 420 Dresher Road, Suite 200 6. 420 Dresher Road, Suite 200
 (Street Address of Principal Office) (Mailing Address)
Horsham, PA 19044 Horsham, PA 19044

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

Name: ROSALIND SMITH
 Office Address: 2670 E Sunrise Blvd
Fort Lauderdale 33304
 (City) (State) (Zip code)

FILED
 2023 SEP -5 AM 7:05
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Rosalind Smith

(Registered agent's signature)

((0123000308283 33))

((H23000308283 3))

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: <u>Rosalind Smith</u>	<input type="checkbox"/> Manager	Name: <u>Keith Taylor</u>
<input type="checkbox"/> Member	Address: <u>420 Dresher Road, Suite 200</u>	<input checked="" type="checkbox"/> Member	Address: <u>420 Dresher Road, Suite 200</u>
<input type="checkbox"/> Authorized	<u>Horsham, Pennsylvania 19044-1207</u>	<input type="checkbox"/> Authorized	<u>Horsham, Pennsylvania 19044</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></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.817.155, F.S.

Rosalind Smith

Signature of an authorized person

Rosalind Smith

Typed or printed name of signer

((H23000308283 3))