

M23000011785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

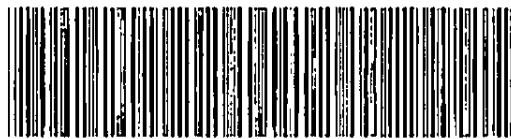
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2023 SEP 14 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FL

W23-109388



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2023

APRIL MANNING
558 E. NINE MILE ROAD LOT 26
PENSACOLA, FL 32514 US

SUBJECT: KINGDDOM SOLUTIONS TAX SERVICES
Ref. Number: W23000109388

We have received your document for KINGDDOM SOLUTIONS TAX SERVICES and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 023A00018179

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingdom Solutions Tax Services

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:

April Manning

Name of Person

Firm/Company

558 E. Nine Mile Road Lot 26

Address

Pensacola, Florida 32514

City/State and Zip Code

kingdomsolutionstx@gmail.com

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

For further information concerning this matter, please call:

April Manning

216

246-0745

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. Kingdom Solutions Tax Services 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. TX
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 6901A North 9th Avenue PMB #1453
(Street Address of Principal Office)

6. 6901A North 9th Avenue PMB #1453
(Mailing Address)

Pensacola, Florida 32504

Pensacola, Florida 32504

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

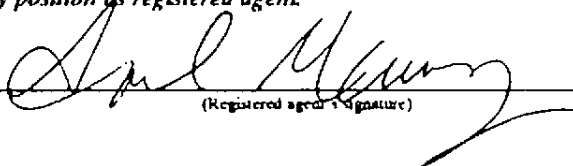
Name: April Manning

Office Address: 558 E. Nine Mile Road Lot 26

Pensacola, Florida 32514
(City) , Florida (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)

FILED
2023 SEP 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

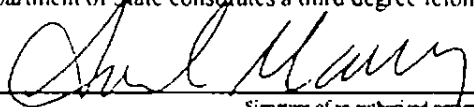
8. For each meeting purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: April Manning	<input checked="" type="checkbox"/> Manager	Name: Tiffany Craig
<input type="checkbox"/> Member	Address: 558 E. Nine Mile Road Lot 26	<input type="checkbox"/> Member	Address: 4005 Vitruvian Way Apt 132
<input type="checkbox"/> Authorized	Pensacola, Florida 32514	<input type="checkbox"/> Authorized	Addison, Texas 75001
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<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.

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 signer

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Kingdom Solutions Tax Services LLC
Filing Number: 805129791

Certificate of Formation

July 05, 2023

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 22, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State