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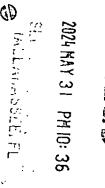
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	KO & KOMPANY, LLC	
		Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this	matter to the following:
	KOMAL KUMAR	
		Name of Person
	KO & KOMPANY, LLC	
		Firm/Company
	35632 QUARTZ LAKE DR	
		Address
	ZEPHYRHILLS, FL 33541	
		City/State and Zip Code
	Komalkumar91@gmail.com	
	E-mail addres	ss: (to be used for future annual report notification)
For furt	her information concerning this matter, p	lease call:
KOMAL KUMAR		347 628-2958 at ()
	Name of Contact Perso	····
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following ar Please make check payable to: FLORII \$125.00 Filing Fee \$130.00 F	DA DEPARTMENT OF STATE

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:

I. KO & KOMPANY, LI						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC	5.4)		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The al	ternate name must include "Limit	ed Liability Company,	"LLC,	or "LLC."
ARIZONA 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI)	number, if applicable)		
NOT APPLICABLE				,		
4 .	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty li) ability)			
35632 QUARTZ LAKE DR			35632 QUARTZ LAKE	DR		
	ZEPHYRHILLS, FL 33541		ZEPHYRHILLS, FL 33.	541		
				<i>M</i>	20	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	Factory.	2024 HAY 3	7
Name:	KOMAL KUMAR			က် က လ လ	PHI	
Office Address:	35632 QUARTZ LAKE DR				PH 10: 36	•_/
	ZEPHYRHILLS		33541 , Florida			
	(City)		(Zip cox	ic)		

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)

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: Title or Capacity: Name and Address: Name: KOMAL KUMAR □Manager □Manager Name: 35632 QUARTZ LAKE DR **■**Member □Member Address: ZEPHYRHILLS, FL 33541 ☐ Authorized □ Authorized Person Person Other Other Other Other Name: _____ □Manager Name: □Manager Address: □Member Address: □Member ☐ Authorized ☐ Authorized Person Person □Other____ Other____ Other □Other____ □Manager Name: □Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ Other___ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

KOMAL KUMAR





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Ko & Kompany LLC

ACC file number: 1907151

was incorporated under the laws of the State of Arizona on 10/09/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. Thave hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/21/2024

Douglas Clark, Executive Director

Righ R.Clark



