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Division of Corporations

2016-10-31 12:39:52 CST

1000080845 From: Ranae McGraw

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Keppner Enterprises Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
2016 OCT 31 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

NOV - 1 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEPPNER ENTERPRISES INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL KEPPNER
Name of Person
PUROCLEAN CERTIFIED RESTORATION SPECIALIST
Firm/Company
240 LABARRE DRIVE
Address
METairie, LA 70001
City/State and Zip code
MICHAELKEPPNER@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL KEPPNER at (504) 918-8559
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. KEPPNER ENTERPRISES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LOUISIANA

(State or country under the law of which it is incorporated)

3. 47-2866095

(FEI number, if applicable)

4. JANUARY 21, 2015

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 240 LABARRE DRIVE, METAIRIE, LA 70001

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CT Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation, FL 33324

(City)

Florida

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

CT Corporation SystemBy: Janifer Vincent

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MICHAEL KEPPNERAddress: 240 LABARRE DRIVE
METAIRIE, LA 70001Vice Chairman: ROZANE KEPPNERAddress: 240 LABARRE DRIVE
METAIRIE, LA 70001

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL KEPPNERAddress: 240 LABARRE DRIVE
METAIRIE, LA 70001Vice President: ABRAHAM BANKSAddress: 3112 NE 2ND PLACE
OCALA, FL 34470Secretary: ROZANE KEPPNERAddress: 240 LABARRE DRIVE, METAIRIE, LA 70001Treasurer: MICHELE BANKSAddress: 3112 NE 2ND PLACE, OCALA, FL 34470

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Michele Banks

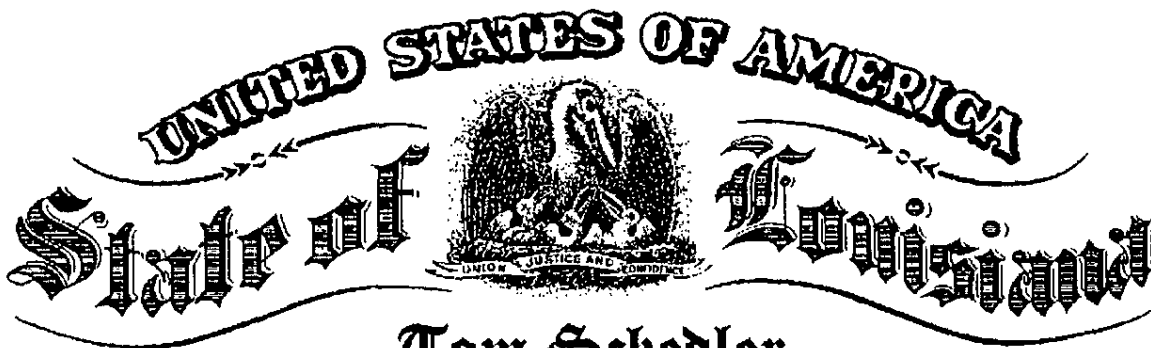
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MICHELE BANKS Director

(Typed or printed name and capacity of person signing application)

FILED
2016 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

KEPPNER ENTERPRISES INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on January 21, 2015,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

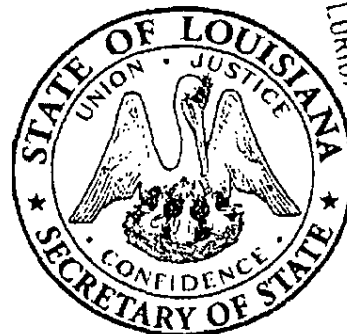
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 7, 2016

Secretary of State

Web 41761207D



Certificate ID: 10755924#CSL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

FILED
2016 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA