ATTORNEYS' TIFLE DOOD 567 Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301 850-222-2785

City/St/Zip Phone #

400003240484--6 -05/05/00--01032--009 ****375.00 ****125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- KAPPA LEAT	HER, L.L.C.	
2-		
3-		
4-	TALLER TO TALLER	
X Walk-in	Pick-up time ASAP Certified Copy	3
Mail-out	Will wait Photocopy Certificate of Status	1
NEW FILINGS	AMENDMENTS SET 15	
Profit	Amendment	
Non-Profit	Resignation of R.A., Officer/Director	
XXX Limited Liability	Change of Registered Agent	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Domestication

Other

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Dissolution/Withdrawal

Merger

OO MAY -5 AM 9: 54
SECRETARY OF STATE
ALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION

of

KAPPA LEATHER, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kappa Leather, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6320 S. Tamiami Trail Sarasota, Florida 34231

ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kent Runnells, P.A.

Name

101 Main Street, Suite A

Florida street address (P.O. Box NOT acceptable)

Safety Harbor, FL 34695

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

City, State and Zip

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable):

☑ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company

Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kent Runnells, P.A.

Typed or printed name of signee

SECRETARY OF STATE