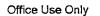
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(Reque	estor's Name)	****
(Address)		
(Addre	ss)	••••
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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DIVISION DE CONTROLLEMENT

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Kapes Management LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Walter E. Forehand			
(Name of Person)			
Louis Longman & Walker BA			
Lewis, Longman & Walker, P.A. (Firm/Company)			
(Firm/Company)  125 S. Gadsden Street, Suite 300  (Address)			
· · · · · · · · · · · · · · · · · · ·			
125 S. Gadsden Street, Suite 300			
(Address)			
Tallahassee, FL 32301			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
• • • • • • • • • • • • • • • • • • •			
Walter E. Forehand at ( 850 ) 222-5702			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Kapes Management LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1835 Fiddler Court	1835 Fiddler Court
Tallahassee, FL 32308	Tallahassee, FL 32308
ARTICLE III - Registered Agent, Register The name and the Florida street address of th  Walter E. Forehand  Na	te registered agent are:
125 S. Gadsden St., Suite 3	me 8: 27 300
Florida street	address (P.O. Box NOT acceptable)
Tallahassee, FL 32301 City, Stat	FL te, and Zip

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 as provided for in Chapter 608, F.S..

Water E. Forehand
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Gregory S. Preble	
	1835 Fiddler Court	
	Tallahassee, FL 32308	
MGR	Steven J. Bracci	
	1835 Fiddler Court	
	Tallahassee, FL 32308	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Watter E. Signature of a member or	an anthorized 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		

Walter E. Forehand (Authorized Representative)

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)