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(City/State/Zip/Phone #)

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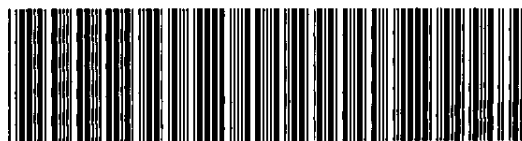
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 11-1-10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 5 K's Properties, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.


Please return all correspondence concerning this matter to the following:

Kenneth von Hahmann, Jr.
5 K's Properties, LLC
67 Alachua Drive
Winter Haven, FL 33884
Randy@LockhartOnline.com

For further information concerning this matter, please call:

Kenneth von Hahmann, Jr.
+1 (863) 651-2107

Regards,


Kenneth von Hahmann, Jr.

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$125 Filing Fee
- ☐ \$130 Filing Fee and Certificate of Status
- ☐ \$155 Filing Fee and Certified Copy (*additional copy of enclosed*)
- ☐ \$160 Filing Fee, Certificate of Status & Certified Copy (*additional copy of enclosed*)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The Name of the Limited Liability Company is:

5 K's Properties, LLC

ARTICLE II – Address:

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

Mailing Address:

67 Alachua Drive
Winter Haven, FL 33884

Physical/Street Address:

67 Alachua Drive
Winter Haven, FL 33884

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

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

Karla von Hahmann

Name

67 Alachua Drive

Florida Street Address

Winter Haven, FL 33884

City, State, 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..

Karla von Hahmann

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

<u>Title:</u>	<u>Name and Address:</u>
MGR	Karla von Hahmann 67 Alachua Drive Winter Haven, FL 33884
MGR	Kenneth von Hahmann, Jr. 67 Alachua Drive Winter Haven, FL 33884

Article V – Effective Date:

Effective date, if other than the date of filing: November 01, 2010.

Required Signature:



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. 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.)



Printed name of signee

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