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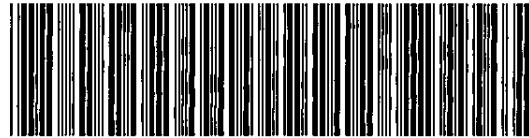
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T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KAPU, 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:

Jo S. Clifford

Name of Person

KAPU, LLC

Firm/Company

3101 SW 34th Avenue #905-255

Address

Ocala, FL 34474

City/State and Zip Code

Jo@joycounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo S. Clifford

Name of Person

at ( 352 ) 484-7433

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, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## Article 1. Name.

The name of the Limited Liability Company is **KAPU, LLC**.

## Article II. Address.

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

### Principal Office Address:

3101 SW 34<sup>th</sup> Avenue, #905-255  
Ocala, FL 34474

### Mailing Address:

3101 SW 34<sup>th</sup> Avenue, #905-255  
Ocala, FL 34474

## Article III. Registered Agent, Registered Office, and Registered Agent's Signature.

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

**Renee R. Pelzman, PLLC**  
**KAPU, LLC, Registered Agent**  
5860 W. Highway 40  
Ocala, FL 34482

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..

  
\_\_\_\_\_  
Registered Agent's Signature – Renee R. Pelzman, PLLC

**Article IV. Managing Members:**

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

**Title:**

**Name and Address:**

**Managing Member**

**Jo S. Clifford**  
3101 SW 34<sup>th</sup> Avenue, #905-255  
Ocala, FL 34474

**Managing Member**

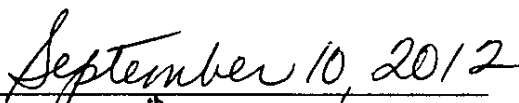
**Steven E. Clifford**  
3101 SW 34<sup>th</sup> Avenue, #905-255  
Ocala, FL 34474

**Article V. Effective Date of Limited Liability Company.**

The effective date of the KAPU, LLC will be the date of filing with the Secretary of State, State of Florida.

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.

  
\_\_\_\_\_  
Signature of Managing Member – Jo S. Clifford

  
\_\_\_\_\_  
Signed this 10<sup>th</sup> day of September, 2012

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