

L13000019267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2013 FEB -6 PM 2:50  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
FEB 6 2013

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **KEMP LABOR FORCE, 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:

**JOHNNIE L KEMP**

Name of Person

Firm/Company

**308 BELMONT DR**

Address

**PALATKA, FL 32177**

City/State and Zip Code

**ELDRIAKEMP@YAHOO.COM**

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

For further information concerning this matter, please call:

**ELDRIA KEMP**

Name of Person

at **386 546-3267**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 FEB -6 PM 2:50  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KEMP LABOR FORCE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1318 READ STREET

PALATKA, FL 32177

#### Mailing Address:

308 BELMONT DR

PALATKA, FL 32177

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ELDRIA P KEMP

Name

308 BELMONT DR

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

PALATKA FL 32177

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

JOHNNIE L KEMP  
308 BELMONT DR  
PALATKA, FL 32177

MGRM

ELDRIA P KEMP  
308 BELMONT DR  
PALATKA, FL 32177

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STATE  
TALLAHASSEE  
FLORIDA

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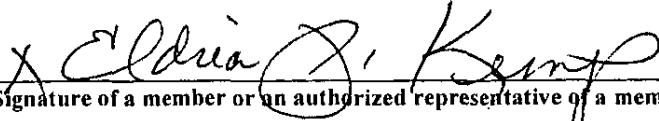
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ELDRIA P KEMP

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)

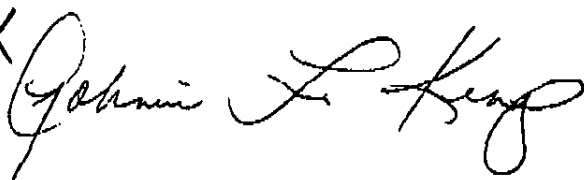
To: Florida Department of State  
Division of Corporations  
Att: Jeraline

From: Johnnie Kemp  
308 Belmont Dr  
Palatka, FL 32177  
Kemp Labor Force, LLC

Dear Jeraline

I do not want to reinstate Document # L08000056337. I do want to reapply.

Thank You  
Johnnie Kemp

X 

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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