

L14000040020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

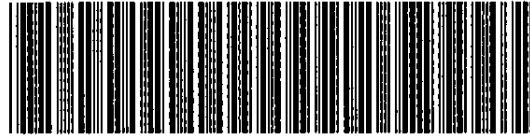
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-13692

Office Use Only



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02/28/14--01016--026 \*\*160.00

EFFECTIVE DATE 04-01-14

2014 MAR 10 10:34:45  
STATE OF NEW YORK  
CLERK OF THE COURT

B. BOSTICK

MAR 10 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEFCO L.L.C.  
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:

KEVAN Edward Fleming  
Name of Person

KeFco L.L.C.  
Firm/Company

12672 SE Sunset Harbor Rd  
Address

WEIRSDALE FL 32195  
City/State and Zip Code

kef227@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVAN E Fleming at (954) 294-4574  
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, 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

2014 JUN 17 PM 3:14  
CLERK OF COURT  
JUL 1 2014

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KEFCO marketing 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:12672 SE Sunset Harbor Rd  
WEIRSDALE FL 32195Mailing Address:SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

KEVAN E. Fleming

Name

12672 SE Sunset Harbor Rd.Florida street address (P.O. Box NOT acceptable)WEIRSDALE FL 32195

City

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 605, F.S.

Kevan E. Fleming  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**KEVAN E Fleming  
12672 SE Sunset Harbor Rd  
WEIRSDALE FL 32195

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 1, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Kevan E Fleming  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

KEVAN E Fleming  
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)

2014 MAR -7 P 3:45  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2014

KEVAN EDWARD FLEMING  
12672 SE SUNSET HARBOR ROAD  
WEIRSDALE, FL 32195

SUBJECT: KEFCO L.L.C.  
Ref. Number: W14000013692

2014 MAR 10 10 30 AM  
FLEMING  
W14000013692

We have received your document for KEFCO L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000104101.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 314A00004637