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PICK-UP WAIT MAIL	
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09/14/15--01008--002 **125.00

SECRETARY OF STATE DIVISION OF CORPORATION

× 09/22/15

COVER LETTER

10.	Division of Corporations					
SUBJE	KEMPAR, L.L.C.					
SUBJE		Limited Liabili	y Company			
The end	closed Articles of Organization and fee(s)	are submitted	for filing.			
Please	return all correspondence concerning this	matter to the fo	ollowing:			
	DAVID L. KEMBRO					
		Name of	Person			
		Firm/Cor	npany			
	1270 MAN O WAR DRIVE					
		Addre	SS			
	DELAND, FLORIDA 32724					
	DKEMBRO@CFL.RR.COM	City/State and	I Zip Code			
	E-mail address: (to be us	ed for future a	nnual report notification)			
For furth	ner information concerning this matter, ple	ase call:				
	DAVID L. KEMBRO	386	804-5487			
	Name of Person	`	Daytime Telephone Number			
Enclos	ed is a check for the following amount:					
7 \$125.0	00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	└─ Certific	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

$\textbf{ARTICLE}_{\pmb{i}}^{c} \textbf{OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY}$

ARTICLE I - Name:							
The name of the Limited Liability Company is:							
KEMPAR, L.L.C.							
(Must end with the words "Limited L	iability Company, "L	.L.C.," or "LLC.")					
ARTICLE II - Address:		•					
The mailing address and street address of the principal offi	ce of the Limited Lia	bility Company is:					
Principal Office Address:		Mailing Address:					
1270 MAN O WAR DRIVE	1270 M	AN O WAR DRIVE					
DELAND, FL. 32724	DELAN	D, FL. 32724					
							
ARTICLE III - Registered Agent, Registered Office, &							
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.		must designate an individual or					
The name and the Florida street address of the registered a	gent are:						
DAVID L. KEMBRO							
1	Name						
		1270 MAN O WAR DRIVE					
1270 MAN O WAR D	RIVE	·· ····					
1270 MAN O WAR D Florida street address (· · · · · · · · · · · · · · · · · · ·	otable)					
	· · · · · · · · · · · · · · · · · · ·	32724					
Florida street address (P.O. Box NOT accept	,					

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR	DAVID L. KEMBRO 1270 MAN O WAR DRIVE DELAND, FLORIDA 32724			
·				
(Use attachment if necessary)				
an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does in	date of filing: JANUARY 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a			
e document's effective date on the Departm	nent of State's records.			
RTICLE VI: Other provisions, if any.	ED LIABILITY COMPANY IS ORGANIZED IS ANY AND ALL			

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DAVID L. KEMBRO

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)

REOUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)

15 SEP 14 PM 12: 36