

Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

# (((H16000170107 3)))



H160001701073ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:						
	Division of Corporations					
	Fax Number	: (850)617-6381				
From:						
	Account Name	: LAZARUS CORPORATE	FILING	SERVICE,	INC.	
	Account Number	: 120000000019				

Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

5: 00	_Email	Address:	<u></u>					
NA 14	2000 - 20	FLORIDA LIMITED LIABILITY CO. RAFAUX MANAGEMENT GROUP, LLC				3		
<b>16 JUL</b>		Certificate Certified Co Page Count	ору		1 0 03			
		Estimated (	Charge		\$130.00	1 Personal		<b>C</b>
p			~~~ (	17/15	1.16	- <u></u>	<u></u>	

Electronic Filing Menu

Corporate Filing Menu

Help

/14/2016	15:58	3052201440	LAZARUS	ť	PAGE	02703
· ·	Fl	<u>ARTICLES OF (</u> <u>F(</u> LORIDA LIMITED I	<u>)RGANIZATI )R</u>		701	07

#### ARTICLE 1 - Name:

07

The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

<u>SROUP</u>, KEMEN LLC

## ARTICLE II - Address:

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



# ARTICLE III - Registered Agent, Registered Office:

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



#### ARTICLE IV-

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



Page 1 of 2

H16000170107

3

PAGE 02/03

07/14/2016 15:58 3052201440

LAZARUS

PAGE 03/03

# H16000170107

### Required Signatures:

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 1.817.155, F.S.

Renol Mesa

Typed or printed name of signee

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 especity. 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..

Agent's Signature (REOUIRED) Registere

 $\overline{a}$ د. .... 2111:20

#### Page 2 of 2

H16000170107