

L17000039477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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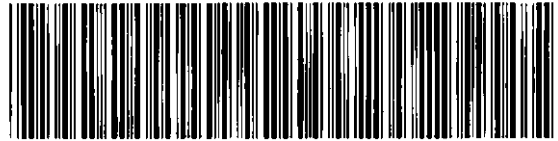
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
FEB 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEPRA 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:

ALBERT ZAID HAYNES
Name of Person

KEPRA LLC
Firm/Company

730 Turkey Scratch Rd
Address

Monticello, Florida, 32344
City/State and Zip Code

Zaid@LSHF.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Zaid Haynes at (850) 427-2614
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

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEPRA L.L.C.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

730 Turkey Scratch Rd
Mentice, FL, 32344

Mailing Address:

730 Turkey Scratch Rd
Mentice, FL, 32344

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:

Albert Z. Haynos
Name

730 Turkey Scratch Rd, Mentice, FL, 32344
Florida street address (P.O. Box **NOT** acceptable)

City

State

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..

Albert Z. Haynos
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

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Albert Zaid Haynes, SECRETARY OF STATE
1430 WINKEL SANDER
MELTCELL, FL, 32344
FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 15, 2017 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Albert Zaid Haynes

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.

ALBERT ZAID HAYNES

Typed or printed name of signer

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)

2/22/2017

I, Albert Zaid Haynes, hereby state that
I have no intention to re-activate that
inactive corporation; ~~that~~ ^{I want} to reuse the
same name. LIS-210811

Signed,

Albert Zaid Haynes