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TALLAHASSEE, FLORIDA

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1. KMJ Karpan, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
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**KLEIN & KLEIN, LLC**

Attorneys at Law

40 Southeast 11<sup>th</sup> Avenue  
Ocala, Florida 34471

PHONE (352) 732-7750

FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)  
H. RANDOLPH KLEIN  
FRED N. ROBERTS, JR.  
LAWRENCE C. CALLAWAY, III

March 20, 2017

**TO: Registration Section  
Division of Corporation**

**RE: KMJ Karpan, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**buttonkarp@aol.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**KMJ KARPAN, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

19350 NW 123rd Court  
Micanopy, FL 32667

**Mailing Address:**

19350 NW 123rd Court  
Micanopy, FL 32667

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

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

**JULIE M. KARPAN  
19350 NW 123rd Court  
Micanopy, FL 32667**

*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, Florida Statutes.*

  
**JULIE M. KARPAN**

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

"MGR"

**JULIE M. KARPAN  
19350 NW 123rd Court  
Micanopy, FL 32667**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**JULIE M. KARPAN**

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 in s.817.155, F.S.

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