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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

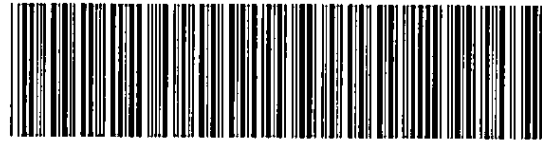
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 13 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2019

K Brumbley

Angela Kleinman
9640 Tronclas Circle
Thonotosassa, FL 33592
Tel. 214-808-6149
Email: SomersetMaintenancelc@gmail.com

February 8, 2019

VIA Express Mail

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

RE: Document Filings for **AKPP Holdings, LLC**


Dear Sir or Madame:

I have enclosed the following documents for filing along with a check in the amount of \$130.00 for the necessary filing fee:

The original of the Cover Letter and Articles of Organization of **AKPP Holdings, LLC**.

Your attention to this matter and assistance are greatly appreciated.

Sincerely,



Angela Kleinman

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AKPP Holdings, 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:

Angela Kleinman
Name of Person

AKPP Holdings, LLC
Firm/Company

9460 Troncias Circle
Address

Thonotosassa, Florida 33592
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Kleinman 214 808-6149
Name of Person at () 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:

AKPP Holdings, LLC

(Must contain 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:

Mailing Address:

9640 Troncias Circle
Thonotosassa, FL 33592

9640 Troncias Circle
Thonotosassa, FL 33592

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:

Angela Kleinman

Name

9640 Troncias Circle

Florida street address (P.O. Box **NOT** acceptable)

Thonotosassa

FL

33592

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Angela Kleinman MGR

Name and Address:

9640 Troncias Circle
Thonotosassa, FL 33592

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.

ANGELA KLEINMAN

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)