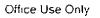
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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# COVER LETTER

TO: New Filing S Division of C			
SUBJECT: _KE	VIN PARKE	R LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
-	KEVIN PA	Name of Person	
<del></del>	KEVIN PAR	Firm/Company	<u></u>
\\	19 LAKE A	JE APT A-1 Address	
LAT	AHASSEE S	F) 32310 City/State and Zip Code 9 MAT) - Com for future annual report notificat	<u> </u>
KENI	JPARKER 667 8 E-mail address: (to be used	gmath. Com for future annual report notificat	ion)
	concerning this matter, please		
		850 <u>901-160</u> rea Code Daytime Telephon	
Enclosed is a check fo	r 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)
New	ling Address Filing Section sion of Corporations	Street Address New Filing Section D The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")  11 - Address:	- Name: the Limited Liability Company is:	
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")  1 - Address:	KEVIN PARKER	LLC_
	(Must conatin the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
aggress and street aggress of the principal office of the Elithico Elability Company is.	1 - Address: address and street address of the principal office	e of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1619 PAILE AVE APT A-1	1619 LAKE AUG APT. A
TAINHASSE FI 32310	LAMANASSEE FL 32310

RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
he Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or		
other business entity with an active Florida registration.)		

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

KEVIN PARYER				
1619 LAKE AJE APT A-) Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE	61	3231-0		
City	State	Zip		

ang been named as registered agent and to accept service of process for the above stated limited liability company at the se designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

2020 JAN 13 AM 11:06 Seofi (2070) State

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary)

(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.

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)

\$ 5.00 Certificate of Status (Optional)