

L22000157127

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

((H22000134497 3)))



H220001344973ABC%

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 : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. KF EQUITIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
 2022 APR 13 PM 2:04
 CORPORATION'S
 COMMERCIAL
 SERVICES

FILED
 2021 APR 13 PM 12:54
 DEPT OF STATE
 TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H22000134497 3

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: KF Equities 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:

Lynette Holt

Name of Person

Nelson Mullins

Firm/Company

251 Royal Palm Way, Ste 215

Address

Palm Beach, FL 33480

City/State and Zip Code

lynette.holt@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynette Holt

561

650-6556

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 323032021 APR 13 PM 12:54
FILED
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
STATE OF FLORIDA

H22000134497 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KF Equities 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:13807 Russell Zepp Dr
Clarksville, MD 21029**Mailing Address:**13807 Russell Zepp Dr
Clarksville, MD 21029**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:

Capitol Corporate Services, Inc.
Name515 E. Park Ave. - Floor 2Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.

Taylor SeayTaylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 APR 13 PM 12:54
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL 32301

H22000134497 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:Vice PresidentGlenn Falcao
13807 Russell Zapp Drive
Clarksville, Maryland 21029PresidentKV Kumar
5383 Firethorn Point
Spring Hill, FL 34609

(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:*Lynette Holt***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.Lynette Holt

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)

FILED

2021 APR 13 PM 12:54

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA