L220002954W

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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2022 JUN 30 PM 4: 45

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KAPA FLORIDA HO	OMES, LLC			
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	<u>-</u>			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			 -	Art, of Amend, File
			<u> </u>	RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	06/20			UCC 1 or 3 File
Name	06/29	T:		UCC 11 Search
Manic	Date	Time		UCC 11 Retrieval
Walk-In Phomasure GA 800	Will Pick Up			Courier

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJI	Kaps Flori	ida Homes, LLC			
SOBJE	sc1:	Name of L	imited Liabi	lity Company	
The en	closed Articles of	f Organization and fee(s) a	are submitte	d for filing.	
Please	return all corresp	ondence concerning this n	natter to the	following:	
	Steffen Osk	ar Kaps			
		· -	Name o	f Person	
	Kaps Florid	a Homes, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Co	ompany	
	1361 Shook	Drive			
			Add	ress	
	Cave Spring	gs, AR 72718			
			City/State as	nd Zip Code	
		googlemail.com E-mail address: (to be use	d for future		
Ear first				анния героп пописац	ion)
ror mini	er information co	oncerning this matter, plea	se call:		
	Lucy Collins		350	588-6018	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	• .
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327 assee, FL 32314		2415 N. Monroe Stree	et, Suite 810
	ı allan	assee, FL 32314		Tallahassee FL 3230	· \

ARTICLES OF ORGANIZATION FOR FLORIDA LÍMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:	
The name of the Limited Li	iability Company is:

2022 JUN 30 PM 4: 45

Kaps Florida Homes, 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:

City

Principal O	ffice Address:		Mailing Address:
1361 Shook Drive			1361 Shook Drive
Cave Springs, AR 72718			Cave Springs, AR 72718
another business entity with an activ The name and the Florida street addr	not serve as its own R e Florida registration.	egistered Ag	Agent's Signature: gent. You must designate an individual or
<u>L</u>	ucy C. Collins, Esq		
F	2805 Hutchison Blvd lorida street address (_ ,
<u>P</u> :	anama City Beach	FL	32407

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..

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

	uthorized Member	Name and Address:	
MGR = Ma	nager		
MGR		Steffen Oskar Kaps	
		1361 Shook Drive	
		Cave Springs, AR 72718	
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		<u> </u>	_
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-