

**L23000072644**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAURA K. MUNSON, CPA  
Account Number : I20190000060  
Phone : (863)634-4631  
Fax Number : (863)467-3002

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

Email Address: LAURA@SIMSMUNSONCPA.COM

**FLORIDA LIMITED LIABILITY CO.**

**Kesner Ag, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KESSNER AG, 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.

LAURA MUNSON

\_\_\_\_\_  
Name of Person

SIMS MUNSON CPA

\_\_\_\_\_  
Firm/Company

319 N. PARROTT AVE

\_\_\_\_\_  
Address

OKEECHOBEE, FL 34972

\_\_\_\_\_  
City/State and Zip Code

Laura@simsmunsoncpa.com

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Laura Munson                      863                      634-1631  
\_\_\_\_\_  
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 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KESNER AG, 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:6225 NW 24th ST  
OKEECHOBEE, FL 349726225 NW 24th ST  
OKEECHOBEE, FL 34972

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Sims Munson Certified Public Accountants, PLLC

Name

319 N. Parrott AveFlorida street address (P.O. Box NOT acceptable)Okeechobee FL 34972

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

**Name and Address:**AMBRTHOMAS JEREMIAH KESNER6225 NW 24th STOKEECHOBEE, FL 34972\_

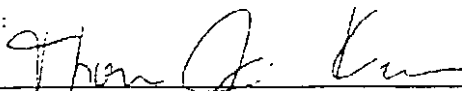
(Use attachment if necessary)

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.

Thomas Jeremiah Kesner

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)

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