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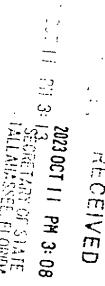
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: KFR Enterprises 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:
Mame of Person
KFR Enterprises LLC Firm/Company
1315 E. Lafayette Street, Suite A
Tall, FL 32301 City/State and Zip Code
Karlus & KFR construction. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee ☐S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite \$10

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contai	R Enterprises	npany, "L.L.C.," or "LLC.")	
RTICLE II - Address:	dress of the principal office of the I		·
Principal	Office Address:	Mailing Address:	
1315 East Last <u>Suite</u> H <u>Tall</u> , F	L 32301		
		ed Agent's Signature: Agent. You must designate an individual or	
he name and the Florida street ac	ddress of the registered agent are:		· ·
	Name	jarlus Henry	
	1315 E. Lafai	ette street suite A	ب ن ع
	Florida street address (P.O. Box	NOT acceptable)	

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..

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager NGR (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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)