M18000007184

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duning and Fability Name)					
(Business Entity Name)					
(Decours and Nove Co.)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



04/03/18--01016--007 **125.00

SLUNCIARY OF STAIL VLLAHASSEE, FLORID*I* 2016 APR -3 AM 9:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	T: KP PROPERTY GROUP, LLC				
	Name of Limited Liability Company				
	ised "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flor				
Please r	urn all correspondence concerning this matter to the following:				
	Patricia McCleary				
	Name of Person				
	KP PROPERTY GROUP, LLC				
	Firm/Company				
	3809 General Bruce Dr #103-339				
	Address				
	Temple TX 76502				
City/State and Zip Code					
	pmccleary2@outlook.com				
	E-mail address: (to be used for future annual report notification)				
For furt	er information concerning this matter, please call:				
	Patricia McCleary at (702 , 494-9602				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Corporations Registration Section Clifton Building Callahassee, FL 32301				
Enclose	is a check for the following amount: 3 \$125.00 Filing Fee				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

KP PROPERTY GROU	P. LLC		
(Name of Fore	eign Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alternate	name must include "Limited
2 Nevada	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applical	blet
7	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.)	
	#103-339 Temple TX 76502	eternine penany namity)	
5. 3809 General Bruce Dr #	riod-ddd Temple TA 70002	· · · · · · · · · · · · · · · · · · ·	
	To see		
	(Street Address of Principal Office		
6. 3809 General Bruce D	r #103-339 Temple TX 76502		2018 APR
	(Mailing Address)		- SSE 3
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	Registered Agents Inc.		MS W
Natio.			: 32 REC/
Office Address:	3030 N. Rocky Point Dr. STE 150A		· 10
	Tampa	Florida <u>33607</u>	<u> </u>
Registered agent's accep	(City)	(Zip code)	
	cance, gistered agent and to accept service of process	for the above stated limited li	ability company at the place
designated in this applica	tion, I hereby accept the appointment as regist	tered agent and agree to act in	this capacity. I further agree
	ons of all statutes relative to the proper and co my position as registered agent.	mptete performance of my dui	ties, and I am familiar with a
	Red Haman		
	(Registered agent's sig	nature)	_
9. The same title or mag	color and a library of the secretary with the whole		
	acity and address of the person(s) who has/have		
Patricia McCleary, Ma			-
Kirk McCleary, Mana	ger 3809 General Bruce Dr #1	03-339 Temple TX 765	02
	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a		
of the translator must be si	ibinitted)	•	
	Patricia Mr Clearu Signature of an authorized	~	
	Signature of an authorized	dperson	
This document is executed	in accordance with section 605.0203 (1) (b), F	lorida 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.

Patricia McCleary

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KP PROPERTY GROUP**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 7, 2017, and is in good standing in this state.

TADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2018.

Backers K. Legenste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180228-2507
You may verify this electronic certificate
online at http://www.nvsos.gov/