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COVER LETTER



Registration Section Division of Corporations

SUBJECT:	Kuenzle & Kuenzle Ent	terprises, LLC			
Sobstici.		Name o	f Limited Liability (Company	•
				tion to Transact Business in Florida, ed liability company to transact business.	
Please return	all correspondence conc	erning this matter to th	e following:		
	Angela J. Jones. Es	squire			
			Name of Person		-
Firm/Company					-
	4557 Chumuckla F	lighway			
Address					
	Pace, FL 32571				
		City	State and Zip Code		-
	ajjones@ljslawfirm.	com			20
	E-	-mail address: (to be us	sed for future annual	report notification)	119
For further in	nformation concerning th	is matter, please call:			
An	gela J. Jones or Amanda	Fahnestock	850 at (995-1102	2019 RC7 - 4 - 619
	Name of Co	ontact Person	Area Code	Daytime Telephone Number	 ⊅:
Div Reg P.O	ision of Corporations istration Section . Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	. <u>5</u> 1
Plea	losed is a check for the finse make check payable t	o: FLORIDA DEPAF			
	\$125.00 Filing Fee	\$130.00 Filing Fee Certificate of S		Filing Fee & \(\begin{array}{ll} \subseteq \left \text{S160.00 Filing} \\ \text{of Status & Cer} \end{array}	Fee, Certificate tified Copy

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	imited Liability Company; must include "Limite	ed Liability C	Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Ple	orida. The alter	nate name must include "Limited Liability Comp	sny," "L.L.C," or "LJ.C.")
Virginia		2	31-5344751	
(Jurisdiction under the law of which foreign limited liability company is organized		J	(FEI member, if applic	able)
	(Date first transacted business in Plotids if prior to	registration)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty lia	pility)	
1333 College Parkway		6.	333 College Parkway	
(Street Address of P	rincipal Office)	· _	(Mailing Address)	
#1015		#	1015	
Gulf Breeze, FL 32563		C	Gulf Breeze, FL 32563	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	ceptable)	2019 KCT
Name:	Angela J. Jones			1
Office Address:	4557 Chumuckla Highway	· · · · · · ·		řii 7: 5
	Pace		32571 , Florida	-
	(City)		(Zip code)	

designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity; Name and Address: James T. Kuenzle Name: Sheila K. Kuenzle Manager Manager Manager Address: _____ Address: ____ Member Member 1333 College Parkway Gulf Breeze, FL 32563 Authorized Authorized Gulf Breeze, FL 32563 Person Person Other____ Other Other____ Other Name: Manager Manager Name: _____ Manager Member Address: Member Address: Authorized Authorized Person Person Other Other__ Other Other Name: _____ Manager Name: Manager Member Address: Member Address: _____ Authorized Authorized cn Person Person Other Other Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. James T. Kuenzle

Typed or printed name of signee

Communication and the Affice of Affi



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Kuenzle & Kuenzle Enterprises, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 7, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

2019 N.C.: -4 MH 7: 52



Signed and Sealed at Richmond on this Date: October 30, 2019

Joel H. Peck, Clerk of the Commission