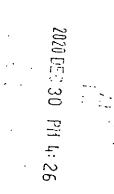
(Requestor's Name) (Address)				
				(Address)
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(2)19(2)0110405 (6)19(2)01124878				

Office Use Only



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T GLASS JAN 0 3 2020

COVER LETTER

	AC Enterprises LLC			
ЈВЈЕСТ: <u></u>	Name of Limited Liability	y Company		
e enclosed "/ istence, and o	Application by Foreign Limited Liability Company for Authori theck are submitted to register the above referenced foreign lin	ization to Transact Business in Florida," nited liability company to transact busin	Certifica tess in Flo	
ease return al	correspondence concerning this matter to the following:			
	Kevin Kasperski			
	Name of Person			
	KAC Enterprises LLC			
	Firm/Company			
	22715 Night Heron Way			
	Address			
	Bradenton FL 34202			
	City/State and Zip Coo	de	207	
	Kevakasper@yahoo.com		2020 D_C	
	E-mail address: (to be used for future annu	ial report notification)	: 30	
r further info	rmation concerning this matter, please call:		D Ti	
Kevin	Kasperski 847	525-9499		
	Name of Contact Person at (at (de Daytime Telephone Number	26	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 20, 2019

KEVIN KASPERSKI 22715 NIGHT HERON WAY BRADENTON, FL 34202 US

SUBJECT: KAC CONTRACTING LLC

Ref. Number: W19000110405

We have received your document for KAC CONTRACTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the, same Florida street address, must be contained within the document pursuant to f Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for 50 each year this entity transacted business or conducted its affairs in Florida prior $\stackrel{\circ}{\sim}$ to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2165.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 719A00025999

RECEIVED

DEC 3 0 2019

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION (05.090), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN AMITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

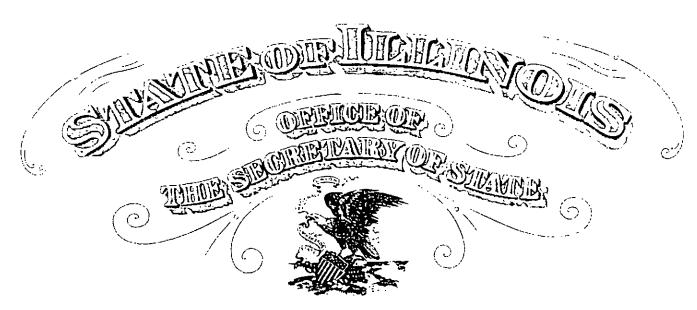
N COMPLIANCE WITH SECTION (0)5.(00)2, FLORIDA S COMPANYTO TRANSACT BUSINESS IN THE STATE OF	FLORIDA:	
KAC Enterprises LLC	ansacing business in Florida. The alternate name must include "Limited Liability of 26-1250074"	0 00
(Name of Foreign Lamited Clabinty Company)	··· AND E	J. Eve Dr.
· · · · · · · · · · · · · · · · · · ·	C C Tomas melade "Limited Liability	Company," "L. L. C," of Lix
VAC CONTRACTION	ansacting business in Florida. The alternate many must be alternated and the mast meaning the same mast meanin	
transe mavailable, enter alternate name adopted for the purpose of	26-1250074	
		f appricable)
Illinois	one is organized)	
Himois (turnsdiction under the pay of which foreign limited hability cam	pan) w - E	
V3		
		_
1-19-2020	iness in Florida, if prior to registration.) 6 005,0905, F.S. to determine penalty liability)	
(See sections 605,0904 /	22715 Night Heron Way	
	22713 Mgm	
22715 Night Heron Way	6 (Mailing Addres	
5. (Street Address of Principal Office)	24202	
(Sirect Address 4)	Bradenton FL 34202	
Bradenton FL 34202		
Bradenton P.C. 3-2-2-		
		2020
		iei En
7. Name and street address of Florida register	(B.O. Box, NOT acceptable)	
former address of Florida register	red agent: (P.O. Box 1202)	. (3
7. Name and street address to		80 7 /
		· · · · · · · · · · · · · · · · · · ·
V	Vasoerski	P
Kelin	- Sales - Land	
Name.	1. i berona 10 XX	2
2071	a night HOUN will	7
Office Address:	-)	* 3
Ome 7	Fiorida 34 d	<u>.0d</u> _
Bugat	Kasperski 5 <u>Night Heron</u> Way 2nton 1700 (Zince	(xd2)
	(City)	
	for the above stated limit	A lighility company at the place
	to the above stated limit	ed habitis company. I further agre

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place. Having been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further agree designated in this application. I hereby accept the appointment as registered agent and complete performance of my duties, and I am familiar with 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.

Ih Ill.
(Registered agent's signature)

· · · · · · · · ·	
	as andresses of the primary members managers or per

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to Title or Capacity: manage [up to six (6) total]: Emily Kasperski Name and Address: Address. 22715 Night Heron Way Name: Kevin Kasperski Title or Capacity: Manager Manager ☐ Member 22715 Night Heron Way Bradenton FL 34202 Manager Address: _ Authorized □Member Bradenton Florida, 34202 Person __Authorized Other____ Cther_ Person Other____ Other_ Name: Manager Manager Address: Name: Member Address: ☐ Authorized Member □ Authorized Person []Other □ Other_ Person Other____ Other_ Name: _ ☐ Manager Name: Address: _ Member | Manager Address: Authorized Member Person □ Authorized Other____ MOthet _ Person 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. Other_ 9. Attached is a certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of records in the y, remained is a certificate of existence, no more man yo days ora, daily admendiated by the orificial daying customy 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 and the contract of the contract of the certificate of th 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes 1 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. of the translator must be submitted) Kevin Kasperski Typed or printed name of signee

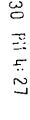


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

KAC ENTERPRISES, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 04, 2015. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of OCTOBER A.D. 2019 .

Authentication #: 1930301448 verifiable until 10/30/2020 Authenticate at: http://www.cybergriveillingis.com Desse White

SECRETARY OF STATE