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20 SEP 29 AM 5:14  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KCS PROPERTIES, LLC.  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON  
\_\_\_\_\_

Name of Person

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

17350 STATE HWY 249 #220  
\_\_\_\_\_

Address

HOUSTON, TX 77064  
\_\_\_\_\_

City/State and Zip Code

EFILE1234@INCFILE.COM  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON  
\_\_\_\_\_

Name of Contact Person

1

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

888-462-3453  
\_\_\_\_\_

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

20 SEP 29 AM 5:14  
FILED

**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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. KCS PROPERTIES, LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. GEORGIA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20 HEYWOOD CIRCLE  
(Street Address of Principal Office)

SENOIA, GEORGIA 30276

6. 20 HEYWOOD CIRCLE  
(Mailing Address)

SENOIA, GEORGIA 30276

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS, SUITE 400

FORT MYERS, Florida 33907  
(City) (Zip code)

20 SEP 29 AM 5:15

**Registered agent's acceptance:**

*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 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.*

  
(Registered agent's signature)

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]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: DAVID J. KROUPA

☒ Member Address: 20 HEYWOOD CIRCLE

☐ Authorized \_\_\_\_\_

Person SENOIA, GEORGIA 30276

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: JANELLE R. KROUPA

☒ Member Address: 20 HEYWOOD CIRCLE

☐ Authorized \_\_\_\_\_

Person SENOIA, GEORGIA 30276

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: JARED SHAFER

☒ Member Address: 259 WALDEN POND TRAIL

☐ Authorized \_\_\_\_\_

Person SENOIA, GEORGIA 30276

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: JENNIFER SHAFER

☒ Member Address: 259 WALDEN POND TRAIL

☐ Authorized \_\_\_\_\_

Person SENOIA, GEORGIA 30276

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: BRIAN CARROLL

☒ Member Address: 6325 FORREST RD.

☐ Authorized \_\_\_\_\_

Person HOGANSVILLE, GEORGIA 30230

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ANDREA CARROLL

☒ Member Address: 6325 FORREST RD.

☐ Authorized \_\_\_\_\_

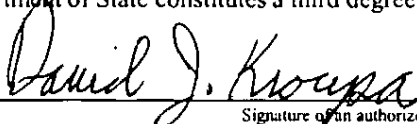
Person HOGANSVILLE, GEORGIA 30230

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person

DAVID J. KROUPA

\_\_\_\_\_  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **KCS Properties, LLC.**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19621403  
Date Inc/Auth/Filed: 08/03/2020  
Jurisdiction : Georgia  
Print Date : 09/24/2020  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State