M2100001114

(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:								
W31000(37795)								

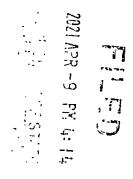
Office Use Only



600361092586

03/04/21--01020--014 **155.00

04/12/21--01003--008 **638.75



4/10/21

											-			
•	•	Ř	.		COVER	ॢ ≜ LETTER)	*	ķ	8		4	∔ - -
TO: Regist Divisio	ration Secti on of Corpo	on rations _{&}		•		•	:		3 .	€	9	; •	<i>-</i> 5	k
	emeo Facilit	ies Services	s, L.L.C.							`				
SUBJECT:				Nan	ne of Limit	ed Liability	Comp	any			_		_	
The enclosed "/ Existence, and o	Application behaves are sub-	y Foreign ! omitted to r	Limited L egister th	iability e above	Company referenced	for Authori I foreign lin	zation nited li	to Tra lability	insact / comp	Busine pany to	ess in trans	Florida sact bu	a." Cert siness ir	ificate of r Florida.
Please return all	correspond	ence concei	rning this	matter	to the follo	wing:								
	Jennifer F	lall												
					Name o	of Person			-				_	
	Kemco Facilities Services, L.L.C.								282					
	Firm/Company [- 11 APR					
	5750 Bell Circle									- v vtm				
		· · · · · · · · · · · · · · · · · · ·			Ade	dress							- - ^5;	;
	Montgom	iery, AL 36	116									; ; ; ; ; ;	<u></u>	فحد ۵
				(Dity/State a	nd Zip Cod	e						.;."	
	jhall@goker 				 		-,						_	
						future annua	al repo	rt noti	ficatio	n)				
For further infor	mation conc	erning this	matter, p	lease ca	ill:									
Jennife	r Hall				at (334	35	6-200	5					
	N:	ime of Con	tact Perso	on .		Area Code	e e	Dayt	ime Te	elepho	ne Nu	amber	-	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Reg Div The 241	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303									
Please i	ed is a check make check _f 5.00 Filing F	payable to:	FLORIE 130,00 F	OA DEP iling Fe		\$155.00 F							. Certifi rtified (



March 21, 2021

JENNIFER HALL 5750 BELL CIRCLE MONTGOMERY, AL 36116

SUBJECT: KEMCO FACILITIES SERVICES, L.L.C.

Ref. Number: W21000037251

We have received your document for KEMCO FACILITIES SERVICES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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) 245-6051.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 821A00005899

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

Kemeo Facilities Servi	ees, L.L.C.							
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compa	ny," "L.E.C.," or "LLC.")					
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate (name must include "Limited Li.	ability Company.	" "L.L (.	or "LL		
Montgomery, AL		27-4542874						
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)						
01/01/2020					I MPR			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) e penalty liability)		-	9	1		
Kemco Facilities Servi			Facilities Service		 14	; 1 -3		
eet Address of Principal Office)		()	failing Address)		Ε.	- 125		
5750 Bell Circle	5750 E	Bell Circle		.4.				
Montgomery, AL 3611	6	Montg	omery, AL 36116					
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> accepta	ble)					
Name:	Registered Agents Inc.							
Office Address:	7901 4th St N STE 300							
	St. Petersburg							
	(('i(x))		(Zip code)					

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:	Title or Capacity:	Name and Address:
□Manager	Name: Kimberly Littlefield	□Manager	Name: Jennifer Hall
□Member	Address:	□Member	Address: 575 Bell Circle
□Authorized	Montgomery, AL 36116	■Authorized	Montgomery, AL 3616
Person		Person	Accountant
□Other	Owner Owner	□Other	Other
□Manager	Name: Savanna Wallce	□Manager	Name: 202
⊟Member	Address: 5750 Bell Circle	□Member	Address:
□Authorized	Montgomery, AL 36116	□Authorized	, ω ;
Person	Assistant Controller	Person	
□Other	Other	□Other	_
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Jennifer P Half

^{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)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that KEMCO Facilities Services, LLC was formed in Montgomery County, Alabama on December 17, 2010. The Alabama Entity Identification number for this entity is 305-228. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210222000035196

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/22/2021

Date

X 24. Merill

John H. Merrill

Secretary of State