M23000005010

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PICK-UP WAIT MAIL
(Business Entity Name)
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4043 APR 18 PH 3: 42

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 682610 8029819

AUTHORIZATION : 1/

COST LIMIT : \$7125.00 man

ORDER DATE: April 18, 2023

ORDER TIME : 2:08 PM

ORDER NO. : 682610-005

CUSTOMER NO: 8029819

FOREIGN FILINGS

NAME: K.E. PROPERTY GROUP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	K.E. PROPERTY GROUP LLC	
Sobole 1.		Name of Limited Liability Company
		ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this ma	tter to the following:
	ANTHONY AIELLO	
		Name of Person
	HARNESS HOMES GROUP III	LLC
		Firm/Company
	PO Box 40844	
		Address
	Jacksonville, FL 32203	
		City/State and Zip Code
	ANTHONY@HARNESSHOMESO	GROUP.COM
	E-mail address: ((to be used for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
AN'	THONY AIELLO	201 370-1124 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ling Address:	Street Address:
_	istration Section	Registration Section
	ision of Corporations	Division of Corporations
	. Box 6327	The Centre of Tallahassee
ran	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	osed is a check for the following amouse make check payable to: FLORIDA 125.00 Filing Fee \$130.00 Filin Certific	DEPARTMENT OF STATE

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	ida. The alternate name must i	include "Limited Liability	Company," "L.L.	C," or "L1 C
DELAWARE		3			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	J	(FEI number, if a	pplicable i	
·				_	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration) penalty liability)			
1142 Edgewood Aven	ue S	PO Box 40844			
treet Address of Principal Office (****	6. (Mailing Add	ressi		
Jacksonville, FL 3220		Jacksonville, F	TL 32203		
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		, , , , , , , , , , , , , , , , , , ,	Y 6707
Name and street addre	ss of Florida registered agent: (P.O. Box CORPORATION SERVICE COMPAN			- 181 - 184 - 184	Luca APR 18
				200 - 131 kgg	LULJ APR 18 PM
Name:	CORPORATION SERVICE COMPAN 1201 HAYS STREET TALLAHASSEE	Y	32301-2525	W. F. 191 (88)	PM 3:
Name:	CORPORATION SERVICE COMPAN 1201 HAYS STREET	Y	32301-2525 a (Zip code)	SALE SHASSON AND	

(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: Name: CHARLES SESSA Name: ROBERT BREMMER ■Manager ■ Manager PO BOX 40844 PO BOX 40844 □Member Address: □Member JACKSONVILLE, FL 32203 JACKSONVILLE, FL 32203 ☐ Authorized □ Authorized Person Person □Other____ □Other____ □Other □Other _____ □Manager □Manager Address: ANTHONY AIELLO **■**Member □Member Address: ______ PO BOX 40844 □ Authorized □ Authorized JACKSONVILLE, FL 32203 Person Person □Other □Other Other □Other □Manager Name: □Manager Name: Address: Address: _____ □Member □Member □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. 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. TESSA ECKOWITZ Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "K.E. PROPERTY GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K.E. PROPERTY GROUP LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203159890

Date: 04-18-23