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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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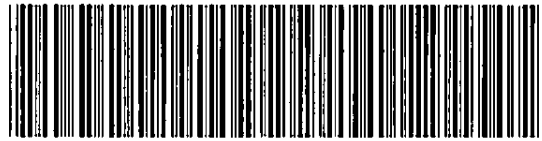
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KKL 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:

Julee Keller
Name of Person

KKL Properties
Firm/Company

383 Slow Draw Dr
Address

Valparaiso, IN 46383
City/State and Zip Code

julee @ KKL - properties. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julee Keller at (219) 510-2522
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. KKL 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-2679711
(FBI number, if applicable)

4. 2/9/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 383 Slow Draw Dr
(Street Address of Principal Office)

6. 383 Slow Draw Dr
(Mailing Address)

Valparaiso, IN 46383

Valparaiso, IN 46383

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

Name: Natalee Crossin

Office Address: 11853 Downy Birch Dr

Riverview, Florida 33569
(City) (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.

Natalee Crossin
(Registered agent's signature)

2/24/2024 16:44:29

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: Julee Keller

☐ Manager

Name: Stephen Keller

☐ Member

Address: 383 Slow Draw Dr

☐ Member

Address: 383 Slow Draw Dr

☒ Authorized

Valparaiso, IN 46383

☒ Authorized

Valparaiso, IN 46383

Person

Person

☐ Other

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Member

Address: _____

☐ Authorized

☐ Authorized

Person

Person

☐ Other

☐ 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.

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.

Julee Keller

Signature of an authorized person

Julee Keller

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

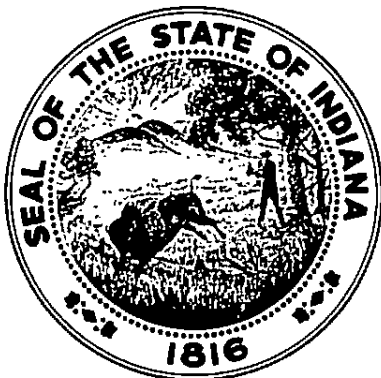
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KKL PROPERTIES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 04, 2023, and was in existence or authorized to transact business in the State of Indiana on April 16, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 16, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202305041688517 / 20243721023

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 16, 2024.