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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	KCS FAMILY PROPERTIES, LLC						
	Name of Limited Liability Company						
		any for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.					
Please r	return all correspondence concerning this matter to the	following:					
	Bradley R Coppedge						
	Na	ame of Person					
	Goggans Stutzman Hudson Wilson & Mize	LLP					
	Firm/Company						
	1 Bradley Park Court, Suite B						
	Address						
	Columbus GA 31904						
	City/Si	ate and Zip Code					
	bcoppedge@gshattomeys.com						
	E-mail address: (to be used	for future annual report notification)					
For furt	ther information concerning this matter, please call:						
	Bradley R. Coppedge	706 243-6216 at ()					
	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 DEPART \$\Boxed{1}\$\$ \$125.00 Filing Fee \$\Boxed{2}\$\$ \$130.00 Filing Fee & Certificate of Sta	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate					

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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The afternate name must include "Limited Liability Co	ompany," "L.L.C," or "L.
Georgia !.		99-4207834 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)	
·			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) c penalty liability)	
160 Midland Manor Dr.		160 Midland Manor Dr. 6.	
reet Address of Principal Office)		6. (Mailing Address)	
Midland GA 31820		Midland GA 31820	
			K :
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	2024
Name and street address Name:	ss of Florida registered agent: (P.O. Box Carolyn Stravinski	NOT acceptable)	2024 AUG - 1

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: Carolyn Stravinski Name: **□**Manager □ Manager Name: 160 MIdland Manor Dr. **■**Member Address: □Member Address: Midland GA 31820 □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other _____ □Other_ Name: _____ Name: _____ □Manager □Member □ Member Address: Address: □ Authorized □ Authorized Person Person □Other_____ Other Other □Other____ Name: □ Manager □ 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. 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. Signature of an authorized person Bradley R. Coppedge

Typed or printed name of signee

Control Number: 24143584

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 FAMILY 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 : 27791234 Date Inc/Auth/Filed: 07/26/2024 Jurisdiction : Georgia Print Date : 07/30/2024

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State