

L12000054389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

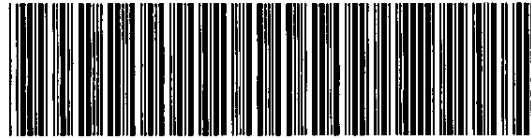
Special Instructions to Filing Officer:

A. LUNT

APR 23 2011

EXAMINER

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2012 APR 18 PM 1:17
STATE OF FLORIDA
TALLAHASSEE FLETC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KMH KGK Spa Services LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen G. Kreuzburg

Name of Person

KMH KGK Spa Services, LLC

Firm/Company

1391 S. Ocean Blvd; Apt. 107

Address

Pompano Beach, FL 33062

City/State and Zip Code

kvnhw@aol.com

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

For further information concerning this matter, please call:

Kevin M Howell

Name of Person

at (443) 463-0797

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

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STATE OF FLORIDA
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-15-2013 BY 60322
UCBAW

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KMH KGK Spa Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1391 S. Ocean Blvd
Apt. 107
Pompano Beach, FL 33062

Mailing Address:

1391 S. Ocean Blvd
Apt. 107
Pompano Beach, FL 33062

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kathleen G. Kreuzburg
Name

1391 S. Ocean Blvd; Apt. 107

Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach FL 33062
City, State, and Zip

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Kathleen Kreuzburg
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kevin M. Howell
215 Cockeysville Road
Cockeysville, MD 21030

MGRM

Kathleen G. Kreuzburg
1391 S. Ocean Blvd; Apt. 107
Pompano Beach, FL 33062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 18, 2012. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kevin M. Howell

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)