

LO200 0029772

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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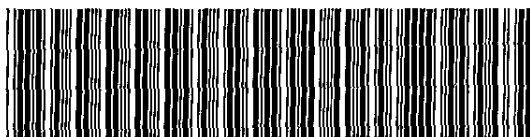
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010-02



ACCOUNT NO. : 072100000032

REFERENCE : 811194 7356399

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 130.00

ORDER DATE : November 7, 2002

ORDER TIME : 9:25 AM

ORDER NO. : 811194-005

CUSTOMER NO: 7356399

CUSTOMER: Mr. Greg Gill
Performance Press, Inc.
Suite 1320
620 Douglas Avenue
Altamonte Sprin, FL 32714

DOMESTIC FILING

NAME: K & G INVESTMENTS, L.L.C.

EFFECTIVE DATE: _____

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*K & G INVESTMENTS, L.L.C.***ARTICLE II - Address:**

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

*620 DOUGLAS AVE. SUITE 1320 ALTAMONTE SPRINGS, FLA. 32714***ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

GREG GILL

Name

*620 DOUGLAS AVE. SUITE 1320*Florida street address (P.O. Box **NOT** acceptable)*ALTAMONTE SPRINGS*

FL

32714

City, State, and Zip

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.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

GREG GILL

Typed or printed name of signee

Filing Fees: --

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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