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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



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W03-18909

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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TALLAHASSEE, FLORIDA

SUBJECT: K + L Group 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:

Lisa A. Petrie
(Name of Person)

K + L Group LLC
(Firm/Company)

5989 S. Federal Hwy.
(Address)

Ft. Pierce, FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa A. Petrie at (772) 464-4134
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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TALLAHASSEE, F

July 2, 2003

LISA A. PETRIE
5989 S. FEDERAL HWY
FT. PIERCE, FL 34982

SUBJECT: K & L GROUP LLC
Ref. Number: W03000018909

We have received your document for K & L GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 203A00039789

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

K + L Group LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5989 S. Federal Hwy.
Ft. Pierce, FL 34982

5989 S. Federal Hwy.
Ft. Pierce, Fla 34982

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

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

Lisa A. Petrie
Name

5989 S. Federal Hwy.
Florida street address (P.O. Box NOT acceptable)
Ft. Pierce, FL 34982
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.

Lisa A. Petrie
Registered Agent's Signature

(CONTINUED)

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

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

Lisa A. Petrie
5989 S. Federal Hwy
Ft. Pierce, FL 34982

"MGRM"

George M. Petrie
501 Ulrich Road
Ft. Pierce, FL 34982

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lisa A. Petrie
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.)

Lisa A. Petrie
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)