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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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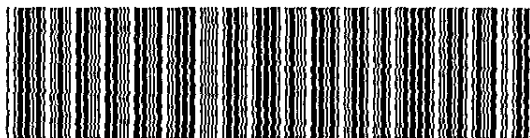
(Business Entity Name)

(Document Number)

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Handwritten signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Khoury and Goehring Design Company, 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:

Shameen Khoury / Kristin Goehring
(Name of Person)

Khoury and Goehring Design Company
(Firm/Company)

P.O. Box 414
(Address)

Winter Park, FL 32790
(City/State and Zip Code)

For further information concerning this matter, please call:

Shameen Khoury at (407) 921.8562
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KHOURY AND GOEHRING DESIGN COMPANY, LLC

ARTICLE II - Address:

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

Principal Office Address:

992 Genius Drive
Winter Park, FL 32789

Mailing Address:

P.O. Box 414
Winter Park, FL 32790

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 03

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

Shameen Khoury
Name
992 Genius Dr.
Florida street address (P.O. Box **NOT** acceptable)
Winter Park FL 32789
City, State, and Zip

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
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..

Shameen Khoury
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Shameen Khoury
992 Genius Dr
Winter Park, FL 32789

MGR

Kristin Goehring
1331 S. Grant Street
Longwood, FL 32750

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Shameen Khoury
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.)

Shameen Khoury
Typed or printed name of signer

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)