

LO4000029691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MILWAUKEE, WISCONSIN

LO4-9691
GR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T + K Holdings, 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:

Kim Pacchioli
(Name of Person)

(Firm/Company)

570 Westwood Lane
(Address)

Weston FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Pacchioli at 954, 389-9258
(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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TALLAHASSEE
FLORIDA

09/10/12 PM 12:15

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

T + K Holdings, LLC

ARTICLE II - Address:

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

Principal Office Address:

570 Westwood Lane
Weston, FL 33326

Mailing Address:

same

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

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

Kimberly Pacchioli
Name

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

Weston FLORIDA 33326
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, Florida Statutes.

Kimberly Pacchioli
Registered Agent's Signature

FILED
04 APR 12 PM 12:11
TALAHASSEE
FLORIDA
STATE

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

Thomas T. Pacchiali, Jr.
570 Westwood Lane
Weston FL 33326

MGR

Kimberly A. Pacchiali
570 Westwood Lane
Weston FL 33326

(Use attachment if necessary)

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OFFICE OF STATE
ATTORNEY
TALLAHASSEE, FLORIDA

04 APR 10 PM 12:10

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

REQUIRED SIGNATURE:

Kimberly A. Pacchiali
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.)

Kimberly A. Pacchiali
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)