

W4000061553

Florida Department of State  
Division of Corporations  
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04 AUG 19 PM 3:17

DIVISION OF CORPORATION

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**kcj, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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OK

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③

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KCJ, LLC

ARTICLE II - Address:

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

Principal Office Address:

9250 W. BAY HARBOR DRIVE

UNIT 3B

BAY HARBOR, FLORIDA 33154

Mailing Address:

9250 W. BAY HARBOR DRIVE

UNIT 3B

BAY HARBOR, FLORIDA 33154

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

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

KEVIN JOHNSON

Name

9250 W. BAY HARBOR DRIVE UNIT 3B

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

BAY HARBOR

FLORIDA 33154

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

X Kevin Johnson  
Registered Agent's Signature

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(CONTINUED)

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TOTAL P. 03

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**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:**

MGRM

KEVIN JOHNSON

9250 W. BAY HARBOR DRIVE, UNIT 3B

BAY HARBOR, FLORIDA 33154

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X Kevin Johnson

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

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kevin Johnson

Typed or printed name of signer

**Filing Fees:**

\$160.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 10.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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