

L05000038024

Kwabena A. Owusu

(Requestor's Name)

3400 Gallant Fox Tr.

(Address)

Talla. FL 32309

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Kwab's Auto C.A.D.D

(Business Entity Name)

Technology

(Document Number)

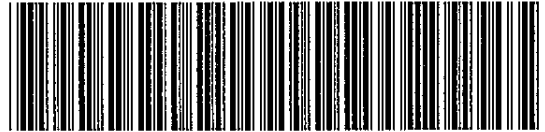
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	DCC
Updater	DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Office Use Only



100050519401

04/19/05--01077--024 **130.00

RECEIVED
TALLAHASSEE, FLORIDA
05 APR 19 PM 1:26

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kwab's Auto C.A.D.D Technology
(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:

Kwabena A. Owusu
(Name of Person)

Kwab's Auto C.A.D.D Technology
(Firm/Company)

3400 GALLANT FOX TR.
(Address)

TALLAHASSEE, FLORIDA 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

- KWABENA A. OWUSU at (850) 294-6979
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 19 PM 1:26

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kwab's Auto C.A.D.D Technology, 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:

3400 GALLANT FOX TR.
TALLAHASSEE, FL 32309

3400 Gallant Fox Tr.
Tallahassee, FL 32309

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

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

Kwabena A. Owusu
Name
3400 Gallant Fox Tr.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32309
City, State, and Zip

FILED
05 APR 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, 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..

[Signature]
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

Owner

Name and Address:

Kwabena A. Owusu
3400 Gallant Fox Tr.
Tallah. FL 32309

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 19 PM 1:26

FILED