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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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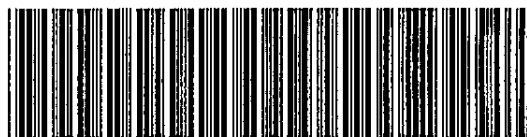
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kichukoff International LLC  
(Name of Single-Member 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:

Kathleen C. Kichukoff  
(Name of person)

Kichukoff International LLC  
(Firm/Company)

P.O.Box 917723  
(Mailing Address)

Longwood, FL 32791  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen C. Kichukoff at ( 407 ) 788-3918  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA SINGLE-MEMBER LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Single-Member Limited Liability Company is:

Kichukoff International LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

416 Bay Tree Lane  
Longwood, FL 32779

**Mailing Address:**

P.O. Box 917723  
Longwood, FL 32791

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

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

Kathleen C. Kichukoff  
Name

416 Bay Tree Lane  
Florida Street Address (P.O. Box **NOT** acceptable)

Longwood, FL 32779  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated single-member 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..*

Kathleen C. Kichukoff  
Registered Agent's Signature

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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

Kathleen C. Kichukoff

416 Bay Tree Lane

Longwood, FL 32779

**ARTICLE V - Effective Date:**

The effective date of beginning of operation for the single-member limited liability company is:

**Effective Date:**

July 1, 2005

**ARTICLE VI - Duration:**

The duration of the single-member limited liability company is:

**Duration:**

Perpetual

**ARTICLE VII - Taxation:**

For federal tax purposes, the single-member limited liability company shall be taxed as a sole proprietorship, with profits and losses passing through to the Member. It shall operate on a fiscal year basis, effective as of July 1, 2005.

**REQUIRED SIGNATURE:**

Kathleen C. Kichukoff

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.)

Kathleen C. Kichukoff

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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