

WS000084871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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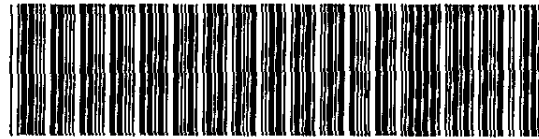
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

WS-84871  
AL

## Cover Letter

Date: August 23, 2005

To Whom It May Concern:

Per the instruction for setting up articles of organization, I have the following information as requested:

Name: Kristina Han

Address: 2208 SE 29<sup>th</sup> Street  
Ocala, FL 34471

Daytime Phone: (352) 208 – 5334

Please don't hesitate to call, if you have any questions regarding the forms enclosed.  
Thank you in advance for your time and effort.

Sincerely,

  
Kristina Han

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KROG Reunion, 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:

Kristina Han  
(Name of Person)

KROG Reunion, LLC  
(Firm/Company)

2208 SE 29<sup>th</sup> St  
(Address)

Ocala, FL 34471  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristina Han at (352) 208-5334  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$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)

**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:

KROG Reunion, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2208 SE 29th St  
Ocala, FL 34471

**Mailing Address:**

2208 SE 29th St  
Ocala, FL 34471

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

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

Kristina Han  
Name

2208 SE 29th St  
Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34471  
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, F.S.*

Kristina Han  
Registered Agent's Signature

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(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:**

MGRM

Kristina Han  
2208 SE 29th St  
Ocala, FL 34471

MGRM

Richard Han  
2208 SE 29th St  
Ocala, FL 34471

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Kristina Han  
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.)

Kristina Han  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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