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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

	Registration Se Division of Co			
SUBJEC	т:	(Name of Limite	d Liebilier Commons)	
		(Name of Limited	a Liability Company)	
The enclo	sed Articles o	f Organization and fee(s) are su	ibmitted for filing.	
Please ret	turn all corresp	ondence concerning this matte	r to the following:	
_		(1	Name of Person)	
		(Firm/Company)	
			(Address)	
		(City/	State and Zip Code)	
For furthe	r information o	concerning this matter, please o	eall:	
	(Name	of Person)	at () (Area Code & Daytime Tel	ephone Number)
Enclosed	is a check fo	or the following amount:		
		□ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	□ \$160.00 Filing Fee
	o i iiiig i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Courier Address	i
		Registration Section Division of Corporations	Registration Section Division of Corporation	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center (
		- minimouse, 1 D 02017	Tallahassee, FL 32301	OHOIC .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ت
The name of the Limited Liability Company is:	9
KTG Builders, LLC	Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	-d <u>E</u> E
Principal Office Address:	Mailing Address:
301 Kay Larkin Drive #D5 Palatka, FL 32177	301 Kay Larkin Drive #05 Palatka, FL 32177
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	gistered agent are:
Name	ieverand Brown
	arkin Drive #D5
	ess (P.O. Box <u>NOT</u> acceptable)
Palatka	FL 32177
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

hera D. Cliebed

(CONTINUED)

EVIVI D. Cleveland DI Kail Larkin Drive # DE Llatka FL 32177 Giling: 11 11.05 (OPTIC
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thorized representative of a member.
08(3), Florida Statutes, the execution firmation under the penalties of perjury rue.)
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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)