

L05000110361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L05-110361

(Document Number)

Certified Copies 1 Certificates of Status

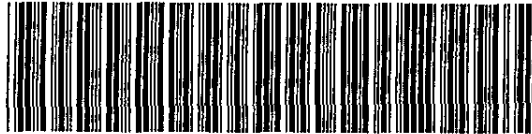
Special Instructions to Filing Officer:

11/7

FL LC

EFFECTIVE DATE
11-1-05

Office Use Only



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M. HODGES

FILED
05 NOV -7 PM 4:21
SEALING DATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KING ART SQUARE 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:

PETER ASHLEY
(Name of Person)

(Firm/Company)

10912 N. 56th STREET
(Address)

TEMPLE TERRACE FL 33617-3004
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER ASHLEY at (813) 505-6969
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

King Art Square, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

FILED
05 NOV -7 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

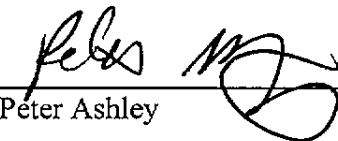
1. **Name.** The name of the limited liability company is King Art Square, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

10912 N 56th Street
4. **Mailing Address.** The mailing address of the limited liability company is:

Temple Terrace, FL 33617-3004
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

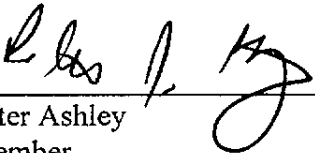
Peter Ashley
302 Harbor Place Dr # 3107
Tampa, FL 33602

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 provisional 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.


Peter Ashley

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

11-01-2005



Peter Ashley
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)