

L060000096504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

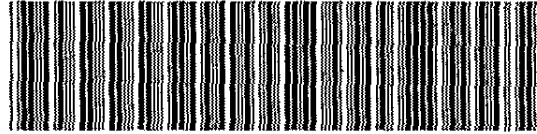
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/12/06--01016--023 \*\*160.00

FILED  
06 SEP 12 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**

09-15-06

2006-40639

msf



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2006

MONICA M ARANGO  
2935 WHITE CEDAR CIRCLE  
KISSIMMEE, FL 34741

SUBJECT: KMM CONSTRUCTION LLC  
Ref. Number: W06000040639

We have received your document for KMM CONSTRUCTION LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 706A00055568

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KMM Construction 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:

Monica M. Arango  
(Name of Person)

KMM Construction LLC.  
(Firm/Company)

2935 White Cedar Circle.  
(Address)

Kissimmee - Florida 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Black. at (321) 848-3751  
(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)

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 FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KMM Construction LLC

(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 principal office of the Limited Liability Company is:

#### Principal Office Address:

2935 White Cedar Cr.  
Kissimmee - Florida  
34741

#### Mailing Address:

2935 White Cedar Cr.  
Kissimmee - Florida  
34741

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Monica M. Arango - KMM Construction LLC  
Name

2935 White Cedar Circle  
Florida street address (P.O. Box NOT acceptable)

Kissimmee - FL - 34741  
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.*

Monica M. Arango B  
Registered Agent's Signature (REQUIRED)

FILED  
SEP 12 AM 11:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

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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.

Monica M. Arango  
2935 White Cedar Circle  
Kissimmee- FL- 34741

MGRM

Marco A. Ibarra  
14128 Chazeway Ln Apt 1905  
Orlando - FL 32837

MGRM.

George K Black  
3534 Somerset Circle  
Kissimmee- FL- 34746

MGRM.

Selina M Black  
3534 Somerset Circle  
Kissimmee- FL- 34746

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

09-15-06  
~~08-30-06~~ (OPTIONAL)  
9-21-06

**REQUIRED SIGNATURE:**

Monica M. Arango B.  
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.)

Monica M. Arango  
Typed or printed name of signee

**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)