## 10000109432

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

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Electronic Filing Menu

LORIDA/FOREIGN LIMITED LIABILITY CO.

K+G MARKETING AND PUBLIC RELATIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

Help

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MILLEN OF ORMA WESTIGS	LOW BICKNING THAILTEN THEMSELF COMMENTS
ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
K+G MARKETING AND PUBLIC RELATI	ONS, LLC
(Must end with the words "Limited Liability Comp	any, "Limited Company" or flieir 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:	Mailing Address:
1408 Brickell Bay Drive	Sime
Suite 914	
Mismi, Fl. 33131	
ARTICLE III - Registered Agent, Ra (The Limited Liability Company cannot serve as its business outity with an sotive Florida registration.) The name and the Florida street addres	
Ċī	Corporation System
	Name
1200 1	South Pine Island Road
Florida	a succet address (P.O. Box NOT acceptable)
Plea	nterion, Florida 33324

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.

C T Corporation System

Boulang OBULKO
Registered Agent's Signature (REQUIRED)

City, State, and Zip

Barbera A. Burke Bosolol Assistant Secretary

(CONTINUED)
Page 1 of 2

P :6 HV 6- ANN 9

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
Susan DeWitt Mal	1,408 Brickell Bay Drive
	Suite 914
	Mismi, Fl. 33131
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•	
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	•
	Marie
•	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business d
REQUIRED SIGNATURE:	2000
	ne DeWitt
Signature of a member	r or an authorized representative of a member.

Filling Foog:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.08 Certificate of Status (Optional)

Susan DeWitt, Manager

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Typed or printed name of signee

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