

LO7000046740

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000121394 3)))



H070001213943ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
07 MAY -2 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

kb form, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
07 MAY -2 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(2)

H07000121394

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company:

KB FORM, LLC

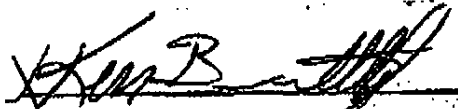
ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**2740 NE 52ND CT.
LIGHTHOUSE PT., FL 33064**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**KENNETH BROUILLETTE
2740 NE 52ND CT.
LIGHTHOUSE PT., FL 33064**

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...



Registered Agent's Signature

Date 5/1/07

☐ Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1.



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.

KENNETH BROUILLETTE
Typed or printed name of signee

FILED
07 MAY -2 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000121394