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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kimberly Dray on Enterprises, UC (Name of Limited Liability Company)	
(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:	
Kimberly Drayton (Name of Person) Kimberly Drayton Enter prises LIC (Firm/Company)	
(Name of Person)	
Kimberly Drayton Enterprises LIC Fig. 8	
(Firm/Company)	
124 Cobb Road (Address)	
(Address)	
Panama City Beach, Florida 324/3 (City/State and Zip Code)	Ĭ
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kimberly Drayton at (850) 249 3742 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status }\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Kimberly Drayton Enter prises, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	oility Co	ompar	ny is:
Principal Office Address: Mailing Address:			
124 Cobb Road Parama City Beach, Florida 324/3 Kimberly Drayton Entro 124 Cobb Road Panama City Beach, Florida Panama City Beach, Florida	17/15/5 9 32	. [[[4]3	•
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuasiness entity with an active Florida registration.)	Signatu	ıre:	
The name and the Florida street address of the registered agent are: Kimberly Drayton Name	SECRETARY TALLAHASSE	07 AUG -8	
Florida street address (P.O. Box NOT acceptable)	м П	14	
Florida street address (P.O. Box <u>NOT</u> acceptable) Panama City Beach FL 324/3 City, State, and Zip	STATE LORID	PM 3: 42	O
City, State, and Zip	-	_	
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with a statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Ch	e appoin the prov familia	itment visions r with	as of all and
Registered Agent's Signature (REOUIRED)			

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (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.) **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution $\frac{1}{2}$ of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)

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)