

L07000124666

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.

((H07000299697 3)))



H070002996973ABCG

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)617-6383

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 14 P 1:54

FILED
12/17

FLORIDA/FOREIGN LIMITED LIABILITY CO.

K CONCESSIONS, LLC

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

AL

RECEIVED

07 DEC 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

③

H07000 299697

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY:

K CONCESSIONS, LLC

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS OF LIMITED LIABILITY COMPANY:

19124 PINE CABIN ROAD
BROOKSVILLE, FLORIDA 34601

ARTICLE III - REGISTERED AGENT'S NAME, OFFICE ADDRESS, AND SIGNATURE:

FREDERICK E. KLEMME
19124 PINE CABIN ROAD
BROOKSVILLE, FLORIDA 34601

FILED
2007 DEC 14 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, FLORIDA STATUTES.

DATED: 12/13/07


REGISTERED AGENT: FREDERICK E. KLEMME

ARTICLE IV - MANAGEMENT:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MGRM: FREDERICK E. KLEMME, 19124 PINE CABIN ROAD, BROOKSVILLE, FL 34601
MGRM: NORA J. KLEMME, 19124 PINE CABIN ROAD, BROOKSVILLE, FL 34601

H07000 299697

H07000299697

DATED: 12/13/17


FREDERICK E. KLEMME

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

FILED
2001 DEC 14 P 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000299697