# <u>E8488000089483</u>

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PICK-UP WAIT MAIL
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(Document Number)
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**EXAMINER** 



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SECRETARY OF STATE ON OF CORPORALISH

W8 Gent

6043 King Arthur Dr. Swartz Creek, MI 48473 April 14, 2008

Re: Document # W08000005647

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Gentlemen:

Enclosed is a new application for registering my LLC in Florida. I have modified the name slightly from KGL LLC to KGL-GM LLC to avoid confusion with any existing LLCs in Florida. I am presently in Michigan temporarily so send any correspondence and the Certificate of Status to the above address. Thank you.

Greg Meagher

My mugh

### **COVER LETTER**

Registration Section Division of Corporations
SUBJECT: KGL-GM 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:
Gray Neugher (Name of Person)
KGL-LLC
(Firm/Company)
6043 King Arther Or
Svartz Cruk MI 48473 (City/State and Zip Code)
(Cay, since into Sign Code)
For further information concerning this matter, please call:
GREG Mengher at (810) 655 8395 (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{\$130.00 Filing Fee & }\ \text{\$\text{Certificate of Status}}\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing 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:		
KGL-GM 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 prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1576 Bella CRyz DR Ste. 147 The V. Hoges, FL 32159	SAMe	
ARTICLE III - Registered Agent, Registered ( (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another	فتتر ذ
The name and the Florida street address of the reg	gistered agent are:	ا با
	- Oalus №147 RECORPOR	4
Florida street address Villages City, State, and	ess (P.O. Box NOT acceptable)  FL 32159  d 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

## 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 of 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.)

ARTICLE IV- Manager(s) or Managing Member(s):

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)

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