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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations SUBJECT: Kalifeh Properties 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: Stephen Kalifeh (Name of Person) (Firm/Company) 5419 Pimlico Drive (Address) Tallahassee, Florida, 36609 (City/State and Zip Code) For further information concerning this matter, please call: Stephen Kalifeh (850 ) 510-0447 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: I 1\$125 00 Filing Fee \$130.00 Filing Fee & I I\$155 00 Filing Fee & EH \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section

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

Street/Courier 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:

## Kalifeh Properties 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 Liability Company is:

Principal Office Address:	Mailing Address:	SE 38	•
5419 Pimlico Drive	5419 Pimlico Drive	CRET	77
Tallahassee Florida	Tallahassee Florida	FARY ASSE	
3 <del>6609.</del> 3 2 3 <i>0</i> 9	<del>36609</del> 32307	OF S E.FL	
		IATE ORIDA	

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stephen Kalifeh

Name

5419 Pimlico Drive

street address (P.O. Box NOT acceptable)

Tallahassee Florida 36669 32309

FL

City, State, and 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

# 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

MGRM Stephen Kalifeh

5419 Pimlico Dr Tallahassee, Fl. 36609 3230 9

MGRM Phyllis Kalifeh

5419 Pimlico Dr Tallahassee, Fl. 32309

(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 of this document constitutes an affirmation under the penalties of perjury that the

facts stated herein are true.)

Stephen Kalifeh

Typed or printed name of signee

# 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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