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T. CLINE

JUN 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KCIS 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:	
Kristin L. Shaw (Name of Person)	
(Firm/Company)	
142 W. Lakevien Avenue - Suite 2070 (Address)	Ĵ
Lake Mary FL 32746 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Kristin L. Shaw at (407) 619-4246 (Name of Person) at (407) 619-4246 (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 \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing \$\Bigcup \$23	
Certificate of Status Certified Copy (additional copy is enclosed) 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 Circumpter Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
142 W. Lakevier Av SiiH 1020 + Lake Mary, FL 32746 L	Kris LLC 42 W Lakeview Ave Suite ate Mary FL 32744
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regist Street Street Name Street Street Florida street address Florida street address	CCC (P.O. Box NOT acceptable) SST OF STATE OF S
Registered Agent's Signature (₩EQUIRED)

2070

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Kristin L. Shaw 301 Memphis Circle
MGR	Kristent Wildenhoven 100 W. Spring Luke It Ils dure Altamonk Springs Fr. 32714
	
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	must be specific and cannot be more than five business days
fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days

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)