

L080000 96878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

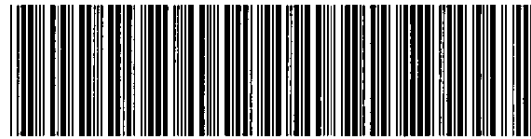
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

08 OCT 10 PM 4:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 OCT 10 PM 1:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT 14 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2008

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: KAYLA, LLC
Ref. Number: W08000046864

RESUBMIT

Please give original
submission date as file date.

We have received your document for KAYLA, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 108A00053468

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 OCT 14 AM 10:47
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

ACCOUNT NO. : 072100000032

REFERENCE : 754416 7356549

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : October 10, 2008

ORDER TIME : 2:14 PM

ORDER NO. : 754416-005

CUSTOMER NO: 7356549

FILED
08 OCT 10 PM 1:35
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: KAYLA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kayla Camille, LLC

(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3720 Montreux, #104

Naples, FL 34114

Mailing Address:

3720 Montreux, #104

Naples, FL 34114

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:

John T. Matthews

Name

3720 Montreux, #104

Florida street address (P.O. Box NOT acceptable)

Naples

FL 34114

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.

John T. Matthews

BY: 

Registered Agent's Signature (REQUIRED)

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(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John T. Matthews

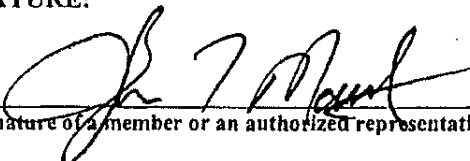
3720 Montreux, #104

Naples, FL 34114

(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.)

John T. Matthews, Member

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)