L08000100573

(Requestor's Name)
(Address) ·
(188, 188)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ·

Office Use Only



800137120158

10/24/08--01036--011 **130.00

2000 OCT 24 AMII: 16

C. LEWIS

OCT 272008

EXAMINER

* KW Advisors, LLC

Taylor C. Kessel, Managing Member Michael N. Weinberg, Member 206 E. South St. #1035 Orlando, Florida 32801

October 23, 2008

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

Dear Sir or Madam:

Enclosed please find: (a) one (1) original and one (1) copy of the Articles of Organization for KW Advisors, LLC, (b) one (1) original and one (1) copy of the Operating Agreement for KW Advisors, LLC, and (c) a check made payable to the Florida Department of State in the amount of \$130.00 (check number 809, which represents the Filing Fee and a Certificate of Status). Once the Articles are filed, please return the Certificate of Status to me via U.S. mail in the enclosed self-addressed, stamped envelope. Thank you in advance for your assistance regarding this matter.

If you have any questions or concerns, please do not hesitate to contact me at the above listed address or telephone number at the bottom.

Very truly yours,

Taylor C. Kessel

Enclosures

cc: Michael Weinberg (via email)

COVER LETTER

то:	Registration S Division of Co				
SUBJ	ECT: KW A	dvisors, LLC			
30.00			ted Liability Compa	any)	
The er	nclosed Articles o	f Organization and fee(s) are	submitted for filing	3.	
Please	return all corresp	ondence concerning this mat	ter to the following	;	
	Taylor C K	Kessel			
			(Name of Person)		
			(Firm/Company)		
	206 E. So	uth St. #1035			
			(Address)		
	Orlando, F	FL 32801			
		(Ci	ty/State and Zip Code	e)	
For fu	rther information	concerning this matter, pleas	e call:		
Tay	lor C Kesse	əl	at (407	540-7595 e & Daytime Telephor	
	(Name	of Person)	(Area Cod	e & Daytime Telephor	e Number)
Enclo	sed is a check fo	or the following amount:			
□\$125	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy		50.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding ocutive Center Circle ee, FL 32301	

FILED

2000 OCT 24 AM II: 16

A ٨

RTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY: COMPANY. TALLAHASSEE. FLORID
ARTICLE I - Name:	MELAN
The name of the Limited Liability Company	is:
KW Advisors, LLC	
(Must end with the words "Limited Li	ability 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:
206 E. South St. #1035	206 E. South St. #1035
Orlando, FL 32801	Orlando, FL 32801
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
<u>Taylor C Kessel</u>	me
• • •	····
206 E. South St. #	address (P.O. Box <u>NOT</u> acceptable)
Orlando, FL 32801	· · · · · · · · · · · · · · · · · · ·
	FL te, 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

FILED

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

4 . . .

The name and address of each Manager or Managing Member is as follows: 124 AM 11: 16

Title: "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STAFE TALLAHASSEE, FLORID
MGRM	Taylor C Kessel	
	206 E. South St. #1035	
	Orlando, FL 32801	
		
(Use attachment if necessary)		
CIFV: Effective data if other than the	data of filings	(ODTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	e specific and cannot be mor	re than five business days p
REQUIRED SIGNATURE:		

Taylor C Kessel

that the facts stated herein are true.)

Typed or printed name of signee

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

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)