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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS

MAR 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaba Law Group
(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:

Moises Kaba
(Name of Person)

—
(Firm/Company)

1840 West 49th Street, suite 100
(Address)

Hialeah, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Moises Kaba III at (786) 246-1691 or 305-595-2005
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

MOISES KABA
1840 W. 49TH STREET
SUITE 100
HIALEAH, FL 33012

SUBJECT: KABA LAW GROUP, P.L.L.C.
Ref. Number: W09000011217

We have received your document for KABA LAW GROUP, P.L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00008135

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY'S
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kaba Law Group, P. L. L. C.,

(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:

1840 West 49th Street
Suite 100
Hiawah, FL 33012

Mailing Address:

1840 West 49th Street
Suite 100
Hiawah, FL 33012

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:

Moises Kaba III

Name

1840 West 49th Street, Suite 100

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

Hiawah, FL 33012

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..

Moises Kaba

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Moises Kaba III

1840 WEST 49th Street 6100
Hialeah, FL 33012

MGRM

Moises Kaba III

1840 WEST 49th Street 6100
Hialeah, FL 33012

(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:

Moises Kaba

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.)

Moises Kaba III

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)

(Continued)
Page 2 of 3

Organization
**Articles of ~~Incorporation~~ for Florida Limited Liability
Company**

Name of the Limited Liability Company is :
Kaba Law Group, P.L.L.C.

Article VI Purpose

The purpose for which the entity is organized is:
Law Office

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Initials of Registered agent: *mk*