

LU9UUUU29534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

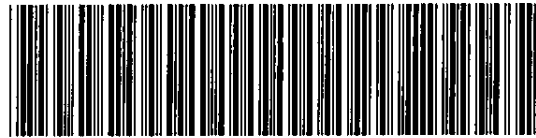
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800146999228

03/26/09--01006--023 **125.00

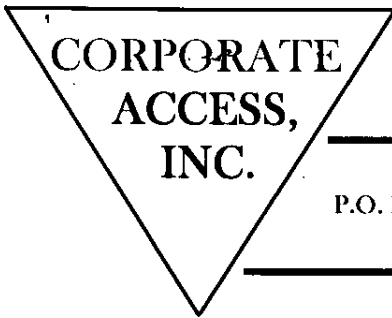
RECEIVED
09 MAR 26 AM 11:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAR 26 PM 1:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 26 2009

EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

3/26 Emily

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

FILED
09 MAR 26 PM 1:23
TALLAHASSEE, FLORIDA

1. KLE Broken Bow, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
KLE BROKEN BOW, LLC,
a Florida limited liability company

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.

ARTICLE I - NAME

The name of this Corporation shall be "KLE BROKEN BOW, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is P.O. Box 291095, 1901 Caladium Place, Longwood, Florida 32750.

ARTICLE III - MANAGEMENT

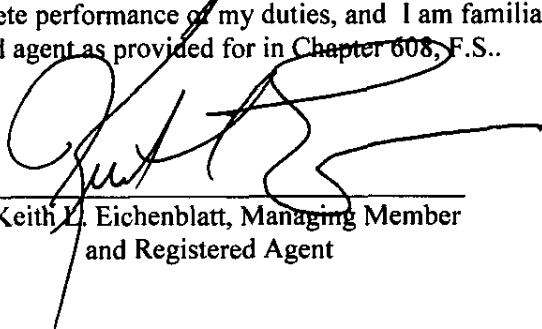
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Keith L. Eichenblatt.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

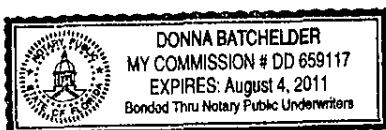
The name and Florida street address of the registered agent is Keith L. Eichenblatt, 1901 Caladium Place, Longwood, Florida 32779. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby 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..

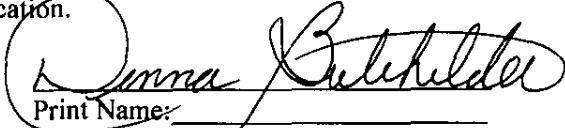
Dated March 25, 2009.


Keith L. Eichenblatt, Managing Member
and Registered Agent

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me on March 25 2009, by KEITH L. EICHENBLATT. Said person did not take an oath and (check one) ☒ is personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Print Name: _____
Notary Public - State of Florida
Commission Number: _____
My Commission Expires: _____