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PICK-UP WAIT MAIL

(Business Entity Name)
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M. THOMAS

SEP. 2 4 2009

EXAMINER

COVER LETTER

SUBJECT:	KKB	Enterprises, L.L.C.	
SUBJECT:		ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Tim	nothy A Schuller Name of Person	
	,	Firm/Company	
	1520	O Highland Road	2009 SEP 23 TALLAHASS
		Park, Florida 32789	SEP 23 AM SEP 23 AM CRETARY OF CAHASSEE.
	TS	chuller@aol.com for future annual report notification)	MIO: 29 YOF STATE FLORID
For further informat	ion concerning this matter, pleas	e call:	27 Det
	nothy Schuller me of Person	at (407) Area Code & Daytime Tel	509-0847 lephone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fe	Certificate of Status	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "L	imited Liability Company," "L.L.C.," or "LLC.")			
RTICLE II - Address: ne mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1520 Highland Road Winter Park, Florida 32789	1520 Highland Road Winter Park, Florida 32789			
ARTICLE III - Registered Agent, F (The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street address				
Ti	mothy A Schuller Name			
	20 Highland Road ddress (P.O. Box NOT acceptable)			
	•			
Winter Park,Flo	City, State, and Zip			
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my positions.	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and son as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Timothy A Schuller 1520 Highland Road
	Winter Park, Florida 32789
	ZIOS TALE
(Use attachment if necessary)	AHAS 23
CLE V: Effective date, if other than effective date is listed, the date musto days after the date of filing.)	the date of filing: (OffioNAL) st be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	RIDE 29
Signature of a me	mber or an authorized representative of a member.
(In accordance with	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
that the facts stated	

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)