10900099157

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	- #)
(0)1	yrotaterzipii tione	- π)
PiCK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(- ·	,	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



200161443602

10/13/09--01030--007 **130.00

O9 OCT 13 PM 1:31

D. BRUCE 0CT 14 2009

EXAMINER

COVER LETTER

	on Section f Corporations		
SUBJECT:		King's Calling	
	Name of Lin	mited Liability Company	
The enclosed Articl	es of Organization and fee(s) a	are submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
	St	even Michael King	
		Name of Person	
		King's Calling	
		Firm/Company	
	1750 North	Florida Mango Rd Unit 200	
		Address	
	West	Palm Beach FL, 33409	A . 0
		City/State and Zip Code	9 A
	info	o@kingscalling.com ed for future annual report notification)	TIARY OF TASSEE. F
For further informat	ion concerning this matter, ple		OCT 13 PH 1:3
	even M. King une of Person	at (856) 313-9208 Area Code & Daytime Telephone Numbe	— — — — — — — — — — — — — — — — — — —
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fe	Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
King's Calling Limited Liability Company (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street ad	dress of the p	rincipal office of the Limited Liability Company is:		
Principal Office Address:		Mailing Address:		
1750 North Florida Mango Rd West Palm Beach FL, 33409	<u>Unit 200</u>	1750 North Florida Mango Rd Unit 200 West Palm Beach FL, 33409		
	e as its own Regis	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another		
The name and the Florida street a	ddress of the	registered agent are:		
	Steven Mic	nael King AAR OC -		
	Name	S S		
	1007 Coral Ct.			
Florida str	Florida street address (P.O. Box NOT acceptable)			
Boynton Beach 33426 FL		FL RIP 3		
***************************************	City, State, a	nd Zip 2m —		
liability company at the place registered agent and agree to act statutes relating to the proper a	designated in i in this capacit nd complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	Steven Michael King 1007 Coral Ct Boynton Beach FL 33426
MGRM	Michael Kenneth King 1007 Coral Ct Boynton Beach FL 33426

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:

(Use attachment if necessary)

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.)

Steven Michael King
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)