

L09000107762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

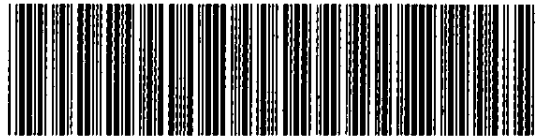
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100162384111

11/06/09--01031--010 \*\*125.00

FILED  
2009 NOV -6 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 9 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KENNEDY And MacDill, LLC  
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:

Ki H. Choi, CPA

Name of Person

Ki H. Choi, CPA, P.A.

Firm/Company

113 South MacDill Avenue #B

Address

Tampa, FL 33609

City/State and Zip Code

Kih.choi3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ki H. Choi at ( 813 ) 876-6442

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

FILED

2009 NOV -6 PM 12: 43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**KENNEDY AND MACDILL, LLC.**

**A LIMITED LIABILITY COMPANY**

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is KENNEDY AND MACDILL, LLC..

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

113 SOUTH MACDILL AVENUE #B, TAMPA, FLORIDA 33609

4. **Mailing Address.** The mailing address of the limited liability company is:

113 SOUTH MACDILL AVENUE #B, TAMPA, FL 33609

5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

KI H. CHOI  
113 SOUTH MACDILL AVENUE #B  
TAMPA, FL 33609

*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 provisional 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.



KI H. CHOI, Registered Agent

7. **Managing Member and members:**

The name and address of Managing member and Member is as follows:

**Title:**

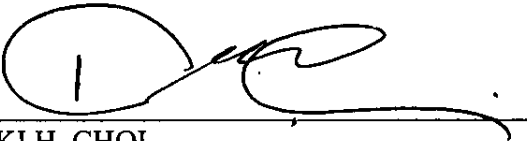
**Name and Address:**

"MGRM"  
Member

Ki H. Choi, 113 S. MacDill Ave. #B, Tampa, FL 33609  
Julia H. Choi, 113 S. MacDill Ave. #B, Tampa, FL 33609

8. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

NOVEMBER 4, 2009



KI H. CHOI  
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

FILED  
2009 NOV -6 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA