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EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Leo Euglish Name of Person
	KKS 21, LLC Firm/Company
	7460 Chanceller Dr.
	City/State and Zip Code  ABC Ob Ca & Cfl. C. Com  E-mail address: (to be used for future annual report notification)
	ABCOLOGO & CFI COM  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person Structure at (321) 287 - 7814  Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
]\$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabili	21 LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7460 Chanceller Dr. Oclando, FL 32809	2460 Chanceller Dr Orlando, FL 32809
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Leo V Name	Euglish
Florida street address (P.O.  St. Cloud  City, State, an	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ORE TAR

### Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	St. Cloud, 1-L 3422
(Use attachment if necessary)	
effective date is listed, the date must be	date of filing: (OPTION e specific and cannot be more than five business da
effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business da
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated her	er or an authorized representative of a member.  ction 608 408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute that the facts stated here.	er or an authorized representative of a member.  ction 608/408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
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