

LD9000116708

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10 JAN - 6 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & A Subs I, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Crowell

Name of Person

K & A Subs I, LLC

Firm/Company

244 Starmount Drive

Address

Tallahassee, FL 32303

City/State and Zip Code

kimberly.a.crowell@gmail.com

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

For further information concerning this matter, please call:

Kimberly Crowell

Name of Person

at (704)

501-7576
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000116708
FILED 8:00 AM
December 08, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

K & A SUBS I, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

244 STARMOUNT DRIVE
TALLAHASSEE, FL. US 32303

The mailing address of the Limited Liability Company is:

P.O. BOX 38203
TALLAHASSEE, FL. US 32315

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

KIMBERLY A CROWELL
244 STARMOUNT DRIVE
TALLAHASSEE, FL. 32303

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.

Registered Agent Signature: KIMBERLY CROWELL

Article V

The name and address of managing members/managers are:

Title: MGRM
ANGELO D CROWELL
244 STARMOUNT DRIVE
TALLAHASSEE, FL. 32303 US

Title: MGRM
KIMBERLY A CROWELL
244 STARMOUNT DRIVE
TALLAHASSEE, FL. 32303 US

Signature of member or an authorized representative of a member

Signature: KIMBERLY CROWELL

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