

L10000007975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

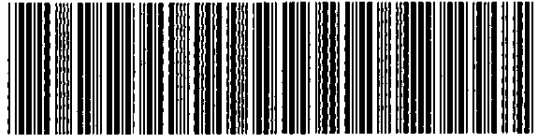
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300164970153

01/21/10--01015--012 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 AM 10:28

B. KOHR

JAN 22 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KDANDD, 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:

CARLITO G FLORES

Name of Person

C G FLORES & RAY FLORES, CPA

Firm/Company

809 BEVERLY PARKWAY

Address

PENSACOLA, FL 32505

City/State and Zip Code

FACTNG @ AOL.COM

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

For further information concerning this matter, please call:

CARLITO G FLORES

Name of Person

at ( 850 ) 43506845

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 AM 10:28

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KDANDD, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 AM 10:28

**ARTICLE II - Address:**

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

**Principal Office Address:**

2838 N 12th AVENUE STE-A  
PENSACOLA, FLORIDA 32503

**Mailing Address:**

2838 N 12th AVENUE STE-A  
PENSACOLA, FLORIDA 32503

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KHURRAM DAR

Name

916 CRYSTAL SPRINGS AVENUE

Florida street address (P.O. Box NOT acceptable)

PENSACOLA, FL 32505

City, State, and Zip

*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 as provided for in Chapter 608, F.S..*

Khurram Dar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

Khurram Dar

916 Crystal Springs Ave

Pensacola, FL 32505

MGRM

Diana Dar

916 Crystal Springs Ave

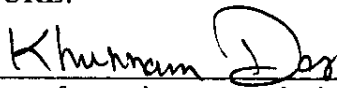
Pensacola, FL 32505

(Use attachment if necessary)

**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:**



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.)

Khurram Dar

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)**