

LD0000019736

(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



800162343638

11/05/09--01021--012 **160.00

FILED
10 FEB 22 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2009

KEITH PALMER
455 MERCER ST
JERSEY CITY, NJ 07302

SUBJECT: KP EVENTS PR & MARKETING, LLC
Ref. Number: W09000049376

We have received your document for KP EVENTS PR & MARKETING, LLC, your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation required by Florida Statutes.

In the document you must list your principal address. On the manager you have listed you must the last name and address.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00035010

FILED
10 FEB 22 PM 12:04
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KP Events PR & Marketing, 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:

Attn: Christopher Logan, For: Carlos A. Clark
(Name of Person)

C/O Personnel Touch
(Firm/Company)

295 Madison Avenue, 14 Floor
(Address)

New York City, NY 10017
(City/State and Zip Code)

10 FEB 22 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Carlos A. Clark at (646) 399-7626
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KPEvents PR & Marketing LLC
 (Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

c/o Karen Price
180 N.W. 183 St. Suite III
Miami FL 33169

Mailing Address:

c/o Personal Touch
295 Madison Ave. 14th Fl
New York City, NY 10017

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 a separate business entity with an active Florida registration.)

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

Varisma Elite Inc
 Name
180 N.W. 183rd St. Suite III
 Florida street address (P.O. Box NOT acceptable)
Miami FL 33169
 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 603, F.S..

[Signature]
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
 10 FEB 22 PM 12:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:MGRMKeith G. PalmerMGRCarlos A. ClarkSECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 22 PM 12:04

FILED

(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:Keith G. Palmer
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.)

Keith G. Palmer
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)