

L10000083364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

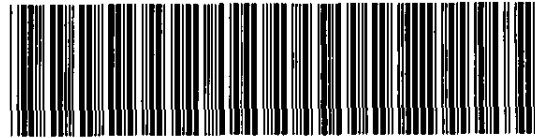
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W1-37328
A. LUNT

AUG 10 2010

Office Use Only **EXAMINER**



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08/10/10--01001--005 **130.00

RECEIVED
10 AUG -9 PM 3:26
TALLAHASSEE, FLORIDA

FILED
10 AUG 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2010

CONNIE H. SHIVERS, C.P.
2810 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308

SUBJECT: KKLC, LLC
Ref. Number: W10000037322

We have received your document for KKLC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 810A00019104

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KKLC, 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:

Connie H. Shivers, C.P.

Name of Person

PENSON, P.A.

Firm/Company

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

chs@pendd.com

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

For further information concerning this matter, please call:

Connie Shivers

Name of Person

at (850) 561-8000

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
CLKK, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

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10 AUG 10 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

CLKK, 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:

216 West Eighth Avenue
Tallahassee, Florida 32303

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

P.O. Box 182529
Tallahassee, Florida 32318

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

Evan Goldman
216 West Eighth Avenue
Tallahassee, Florida 32303

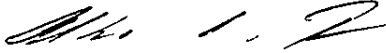
6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by Manager appointed by the Member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

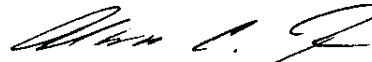
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be

August 9, 2010



Albert C. Penson,
Attorney-in-Fact

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 10 AM 9:11

FILED

(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.)