

W0000114942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

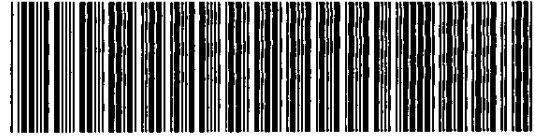
Special Instructions to Filing Officer:
Called 11/4/10
Paola gave me
PPB Add.

Office Use Only

N. CAUSSEUX

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EXAMINER



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LLC

10/18/10--01035--015 **125.00

L10 -114942

FILED
10 OCT -18 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date
10/13/10

~~S. HAWKES
OCT 19 2010
EXAMINER~~

W10-49160

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KB, 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:

PAOLA PADOVAN
Name of Person

Firm/Company

PO BOX 490855
Address

Key Biscayne, FL 33149
City/State and Zip Code

paolapadovan@bellosoth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA PADOVAN at (305) 361-1402
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

PAOLA PADOVAN
PO BOX 490855
KEY BISCAYNE, FL 33149

SUBJECT: KB, LLC
Ref. Number: W10000049160

We have received your document for KB, LLC and your check(s) totaling \$125.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 310A00024740

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARURI 21, LLC

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

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10 OCT-18 AM 11:55
STATE OF FLORIDA
TALLAHASSEE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

696 Fernwood Rd

PO Box 490855

Key Biscayne FL 33149

Key Biscayne, FL 33149

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:

PAOLA PADOVANI

Name

696 FERNWOOD RD

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

Key Biscayne FL 33149

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..


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:

MGR

Supana Hansen
796 Glenridge Rd
Key Biscayne, FL 33149

MGR

Paola Padovan
696 Fernwood Rd
Key Biscayne, FL 33149

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/13/10 (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:

Paola Padovan
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PAOLA PADOVAN
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)

FILED
 10 OCT-18 AM 11:55
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA