# 11000040829

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SECRETARY OF STATE APPLANTSSEE, FLORIO

WII-16232

APR - 6 2011

**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2011

VINCENT D'AGATI 10135 CLUBHOUSE TURN RD WELLINGTON, FL 33449

SUBJECT: KB GOLD BANK, LLC Ref. Number: W11000016232



We have received your document for KB GOLD BANK, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00006954

\* we changed the name to

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Vincent 6. D'Agati Name of Person
	Gloral Hetal Group LLC
	Firm/Company
,	10135 Clubhouse Turn Rd Address
,	Wellington, FL 33449  City/State and Zip Code
-	(510001 Metal group Q yanob, com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Aroc	at (561 ) 294-35 &8  Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount: - Already Paid- peace see attached frems
\$125.00	Filing Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee FL 323142661 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:	€0. <b>1</b>
6 Must end with the words "Limited Liability ADTICLE IV.	ty Company. "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncinal office of the Limited Liability Company is
The manning address and street address of the pri	incipal office of the Elimited Elability Company
Principal Office Address:	Mailing Address:
HOLBE CLUBNOW TURN Rd	Nellington, FL 33449
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are: Effective Date $04/20$
Vincent D'Agati Name	· · · · · · · · · · · · · · · · · · ·
10135 Chubhouse Tu Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
Wellington, City, State	FL 33449 te, 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 Agents Stonature (REOTIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		10135 Clubhouse Turn Rd Wellington, FC 33449	E. c.
MURM		bary Kokot	(SF)
		Wellington, FC 33449	
****	-		·
	-		
(Use attachment if	necessary)		

### **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. 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.)

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)