L11000058006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of :
Special Instructions to Filing Officer:
W11000825353

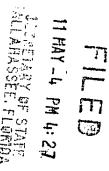
Office Use Only

EFFECTIVE DATE 03



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05/04/11--01045--021 **130.00



D. BRUCE

MAY 17 2011

EXAMINER

KRISTEN L. ZAGORIA 40 OLD WINSTON CIRCLE SANTA ROSA BEACH, FL 32459

SUBJECT: KZ, LLC

Ref. Number: W11000025353

11 HAY LL PM 4: 27

STATE AHASSEE, FLORIDA

We have received your document for KZ, 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 411A00011163

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: KZ, LLC Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
_	Kristen L. Zagoria Name of Person
	KZ, LLC Firm/Company
	Firm/Company
	40 Old Winston Circle Address
	Santa Rosa Beach, FL 32459 City/State and Zip Code
	KLZAGORIA @ AH. Net E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
<u> </u>	L Altman at (850) 830 - 5546 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 Fi	Siling Fee \$\sum_{\text{S}}\$130.00 Filing Fee & Certificate of Status 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

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

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

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

EFFECTIVE DATE 05

40 Old Winston Circle

Santa Rosa Beach, FL 32459

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

40 Old Winston Circle Florida street address (P.O. Box NOT acceptable)	
Santa Rosa Black FL 32459 City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I deaccept the obligations of my position as registered agent as provided for in	the appointment as th the provisions of all am familiar with and
Registered Agent's Signature (REQUIRED)	THAY I
(CONTINUED)	F. F. S.
Page 1 of 2) RIPA RIPA

Title:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Name and Address:

(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be specification of the date of filing.)	Kristen L. Zagoria 40 Old Winston Ciscle Santa Rosn Beach, FL 32459 e of filing: MAY 5, 2011 (OPTIONAL decific and cannot be more than five business days
CLE V: Effective date, if other than the date effective date is listed, the date must be spe	e of filing: MAY 5, 2011 (OPTIONAL ecific and cannot be more than five business days
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effective date is listed, the date must be spe	e of filing: MAY 5, 2011 . (OPTIONAL ecific and cannot be more than five business days
REQUIRED SIGNATURE:	
Kuster L. 3. Signature of a member of	an authorized representative of a member.
constitutes an affirmation under the l am aware that any false information constitutes a third degree felony as p	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
Kristen L. Typed o	Zagoria or printed name of signee
Filing Fees:	المرابع
	tion and Designation