L11000080451

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE

T. CLINE

JUL 13 2011

EXAMINER

SimpleFilings

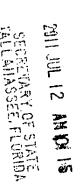
4049 Pennsylvania Ave. Suite 100 Kansas City, MO 64111 Email: LLCInc@SimpleFilings.com Fax: 866-687-7779 / Phone: 866-659-5241

Greetings,

Enclosed is an LLC application. We have enclosed the filing fee, the application, and a self-addressed stamped envelope. Please return confirmation to us in the self-addressed stamped envelope so that we may retain a copy in our customer's file and forward one on to our customer. Please feel free to call us at 866-659-5241 with any questions you may have.

Sincerely,

SimpleFilings.com/LLCInc



COVER LETTER

TO: Registration of	on Section Corporations					
SUBJECT: Kiza	able, LLC					
Sebule I.		ed Liability Comp	any			
The enclosed Article	es of Organization and fee(s) are	submitted for filin	ıg.			
Please return all corr	respondence concerning this mat	ter to the following	g:			
Rebeco	ca Worden					
		Name of Person				
Simple	Filings.com					
-		Firm/Company				
4049 P	ennsylvania Ave St	e 100				
		Address				
Kansas (City, MO 64111				4	i —3
City/State and Zip Code					7) Jul 12	
llcinc@simplefilings.com						
	E-mail address: (to be used t	for future annual rep	ort notification)		SS	12
For further informati	on concerning this matter, please	e call:			110	
Brian Schroeder at (818) 800-0798				Test.		
Na	me of Person	Area Code	e & Daytime Tele	phone Number	Dr.i	677
Enclosed is a check	c for the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 File Certificate of Certified Co (additional co)	of Status opy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center Cosee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	E I	- 1	Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Brian Schroeder

1235 S Highland Ave Ste B 302

Clearwater, FL 33756

Brian Schroeder 1235 S Highland Ave Ste B 302

Clearwater, FL 33756

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:

Brian Schroeder

Name

1235 S Highland Ave Ste B 302

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

Clearwater

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)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Brian Schroeder
	1235 S Highland Ave Ste B 302
	Clearwater, FL 33756
-	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are frue nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Brian Schroed	age for trigo
Тур	ped or printed name of signee
5114	·

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)