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•		
(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nan	ne)
(D	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations	غه نه په
SUBJECT: Kldz Konnection LLC	
	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Bill Simmons	,
	Name of Person
Kidz Konnection LLC	
	Firm/Company
508 Wayne Ave.	
	Address
Pensacola, FL 32507	
	City/State and Zip Code
bsflooring@hotmail.com	
	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Bill Simmons	at (251) 747-8555
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	S155.00 Filing Fee & Signature Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation 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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	ty Company, "L.L.C.," or "LLC.")
Kidz Konnection LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ty Company, "L.L.C.," or "LLC.") Incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3722 Navy Blvd.	508 Wayne Ave.
Pensacola, FL 32507	Pensacola, FL 32507
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Bill Simmons	
Name	
508 Wayne Ave.	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Pensacola	_{FL} 32507
City, Stat	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 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:

	<u>Title:</u> "MGR" = Manager	Name and Address:
	"MGRM" = Managing Member	•
	MGRM	Bill Simmons
		508 Wayne Ave.
		Pensacola, FL 32507
	MGR	Tatiana S. Simmons
		508 Wayne Ave.
		Pensacola, FL 32507
	(Use attachment if necessary)	
RTI	CLE V: Effective date if other tha	an the date of filing: (OPTIONAL)
fan	effective date is listed, the date m	oust be specific and cannot be more than five business days prior
	0 days after the date of filing.)	
	,	
	REQUIRED SIGNATURE:	
	\sim	
	12	

(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.)

> **Bill Simmons** 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)