

L120000040696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

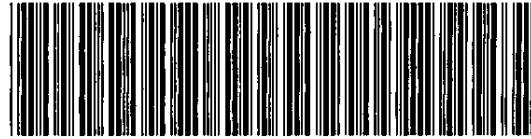
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAR 28 2012

EXAMINER



200223087282

03/05/12--01009--027 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 AM 11:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2012

MAURICIO KUSCHE
2655 LE JEUNE ROAD, SUTIE 804
CORAL GABLES, FL 33134

SUBJECT: KUSCHE REALTY LLC
Ref. Number: W12000013558

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 AM 11:15

We have received your document for KUSCHE REALTY 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):

We only received the second page of your ARTICLES OF ORGANIZATION.

Please return your COVER LETTER and the TWO completed and signed pages of your Articles of Organization.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 712A00008894

FOR INFORMATION OF THE PUBLIC, THE FOLLOWING INFORMATION IS BEING
MADE AVAILABLE TO THE PUBLIC BY THE DIVISION OF CORPORATIONS
OF THE FLORIDA DEPARTMENT OF STATE. IF YOU HAVE ANY
QUESTIONS, PLEASE CALL (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KUSCHE REALTY 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:

MAURICIO KUSCHE

Name of Person

Firm/Company

2655 LE JEUNE ROAD SUITE 804

Address

CORAL GABLES, FL 33134

City/State and Zip Code

MKUSCHE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO KUSCHE

Name of Person

at (786) 201-5563

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KUSCHE REALTY, LLC

(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:

2655 LE JEUNE ROAD - SUITE 804
CORAL GABLES, FL 33134

Mailing Address:

2655 LE JEUNE ROAD.
SUITE 804
CORAL GABLES, FL 33134

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:

MAURICIO KUSCHE

Name

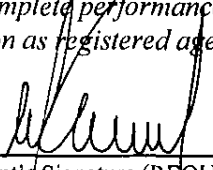
2655 LE JEUNE ROAD - SUITE 804, CORAL GABLES, FL 33134

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

CORAL GABLES, FL 33134

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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

MAURICIO KUSCHE

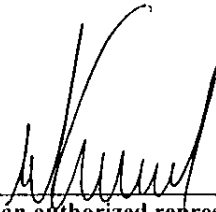
2655 LE JEUNE ROAD SUITE 804

CORAL GABLES FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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.)

MAURICIO KUSCHE

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)