

L12000 127 016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

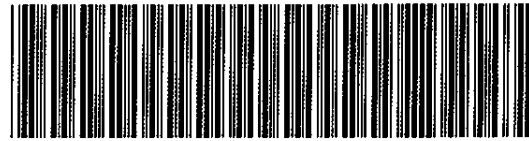
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



400240194204

10/03/12--01006--004 **125.00

EFFECTIVE DATE

9/29/2012

FILED
12 OCT -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

B. KOHR

OCT -5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLUO LLC

Name of Limited Liability Company

EFFECTIVE DATE 9/29/2012 ✓

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman C. Powers

Name of Person

KLUO LLC

Firm/Company

36 Fairway Drive

Address

Cocoa Beach, FL 32931

City/State and Zip Code

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

For further information concerning this matter, please call:

Christina E. J. Powers

Name of Person

at (321) 783-2334

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

FILED
12 OCT 3 AM 8:00
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

9/29/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KLUO LLC

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

FILED
12 OCT -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

36 Fairway Drive
Cocoa Beach, FL 32931

Mailing Address:

36 Fairway Drive
Cocoa Beach, FL 32931

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:

Christina E. J. Powers

Name

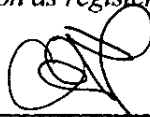
36 Fairway Drive

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

Cocoa Beach FL 32931

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)

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

Norman C. Powers

36 Fairway Drive

Cocoa Beach, FL 32931

MGRM

Christina E. J. Powers

36 Fairway Drive

Cocoa Beach, FL 32931

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-29-2012 (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.)

NORMAN C. POWERS

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)