

# L13000003617

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

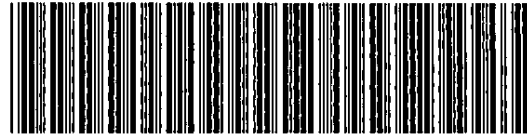
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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**C. LEWIS**  
JAN 8 2013  
**EXAMINER**

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KRUGOZOR ASSOCIATES 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:

SEAN KEYES

46-1629115

Name of Person

KRUGOZOR ASSOCIATES LLC

Firm/Company

9901 WESTVIEW DR STE 316

Address

CORAL SPRINGS FL 33076-2530

City/State and Zip Code

sean\_keyes@hotmail.com

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

→ no spam! do not

sell my e-mail address  
to any third parties

For further information concerning this matter, please call:

Sean Keyes

Name of Person

at ( 954 ) 607-7326

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KRUGOZOR ASSOCIATES 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:**

Krugozor Associates LLC  
9901 Westview Dr. Ste. 316  
Coral Springs FL 33076

**Mailing Address:**

Krugozor Associates LLC  
9901 Westview Dr. Ste. 316  
Coral Springs FL 33076

**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:

Frederick Ferrara

Name

5515 Pageant Place

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

Margate FL 33063-8211

City, State, and Zip

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DIVISION OF CORPORATE SERVICES  
2013 JAN - 7 AM 10: 52

*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..*

*Frederick Ferrara*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

