## L13000042774

(Re	equestor's Name)		
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone #	<del>(</del> )	
PICK-UP	☐ WAIT	MAIL	
(Bı	ısiness Entity Name	e)	
· (Do	ocument Number)		
Certified Copies	Certificates o	of Status	
Special Instructions to	Filing Officer:		
		·	
	MAR O 4 sees		
MAR 21 2013			
	A. LUNT	•	
<u> </u>			

Office Use Only



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03/18/13--01006--015 \*\*160.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	ì		
SUBJECT: DANCING	SURF A	BY KYLOE L.L.C. ted Liability Company	
The enclosed Articles of Organizat	ion and fee(s) are	submitted for filing.	
Please return all correspondence co	ncerning this mat	ter to the following:	2013 TAL
BARBARA	J. 5MI	ETH	CRE ARY
		Name of Person	mo z
		Firm/Company	STATE OR SE
3831 S. AT	LANTI	Address # 502	## <b># # #</b>
		Address	
DAYTONA K	BEACH SI	HORES, FL. 3211	8
		COM  for future annual report notification)	
For further information concerning	this matter, pleas	e call:	
BARBARA SMIT	H	at ( <u>4/2</u> ) <u>865 –</u> Area Code & Daytime Telep	/8/C
Enclosed is a check for the following	owing amount:		
□\$125.00 Filing Fee □\$130.0 Certific	0 Filing Fee & cate 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)
Registra	of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

--- - Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
DANCING SURF BY KY	
(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	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3831 S. ATLANTIC AVE #502 DAYTONA BEACH SHORES, FL. 32118	3831 S. ATLANTIC AUES# 500
DAYTONA BEACH SHORES, FL. 32118	DAYTONA BEACH SITURES, FAL. 3018
	The state of the s
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
BARBARA SMITT	/
Name	
383/ S. ATLANTIC	C AUE#502
· ·	
DAYTOWA BEACH SHOKES	FL 32118
City, Sta	te, and Zip
liability company at the place designated in the	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of

(CONTINUED)

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.

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	BARBARA J. SMITH 383/ S. ATLANTIC AVE # 502 DAYTONA BEACH SHORES, FL. 32118
	SCHART DE SHALL HASSEL. FL
	DE STATI
	the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date is	the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days g.)
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE:  Balbara Signature of a medical constitutes an affirmation of a management of the signature	the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days  g.)  ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  1 formation submitted in a document to the Department of State
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mean of the date of t	the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days  g.)

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)