

LI3000 129670

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

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

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

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

PICK-UP     WAIT     MAIL

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

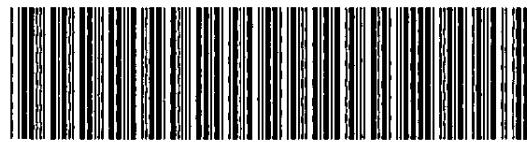
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*PCAS*

Office Use Only



400250828494

2013 SEP 11 AM 8:12  
U.S. DEPARTMENT OF STATE  
WIRELESS INFORMATION

08/21/13--01014--007 \*\*125.00

J. SAULSBERRY  
EXAMINER

SEP 13 2013

(850) 245-6051.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K.D Construction 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:

Daniel Ortiz

Name of Person

K.D Construction LLC

Firm/Company

2207 Universal Dr

Address

Ruskin FL 33570

City/State and Zip Code

kunior216@gmail.com

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

2013 SEP 11 AM 8:12  
FAX  
MAIL  
FIRM  
STATE  
CITY  
ZIP

For further information concerning this matter, please call:

Daniel Ortiz

Name of Person

(813) 528-7178

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:

K.D. Construction 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:

2207 universal Dr  
Ruskin FL 33570

### Mailing Address:

2207 universal Dr  
Ruskin FL 33570

## 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:

Daniel ORTIZ

Name

2207 universal Dr

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

Ruskin FL 33570

City, State, and Zip

FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION  
AND  
FLORIDA

2013 SEP 11 AM 8:12

*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..*

Daniel ORTIZ

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:**

MGem

Daniel Ortiz  
2207 universal Dr  
Riviera FL 33570

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

*Daniel O'Rourke*  
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)**

2013 SEP 11 AM 8:12  
TALLAHASSEE STATE  
COLLEGE FLORIDA