



Division of Corporations

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**H130002292213**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H130002292213ABCW

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.  
Account Number : I20000000210  
Phone : (561) 713-2095  
Fax Number : (561) 747-4113

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PJECK@JHRJPA.COM

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**FLORIDA LIMITED LIABILITY CO.**  
**8751 Kansas, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

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D. BRUCE

**Jeck, Harris, Raynor & Jones, P.A.**

790 Juno Ocean Walk, Suite 600

Juno Beach, FL 33408

Phone: (561) 746-1002

Fax: (561) 747-4113

**Facsimile Transmittal**

To: Florida Div. of Corp.<+1 (850) Fax: +1 (850) 617-6383

From: Kristen Hnasko Date: 10/15/2013 2:21:04 PM

Re: Articles of Organization for 8751 Pages: 4  
Kansas, LLC

Urgent  For Review  Please Comment  Please Reply  Please Recycle

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PAUL ANNASIS  
SEP 11 2017

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**COMMENTS:**

please file the attached Articles of Organization for 8751 Kansas, LLC.

IF YOU DO NOT RECEIVE ANY OR ALL OF THESE PAGES, PLEASE CONTACT Kristen Hnasko  
AT (561) 746-1002 AS SOON AS POSSIBLE

Note: The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank You.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

8751 Kansas, 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:**

8985 S.E. Bridge Rd.  
Hobe Sound, FL 33455

**Mailing Address:**

8985 S.E. Bridge Rd.  
Hobe Sound, FL 33455

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STATE OF FLORIDA

**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.)

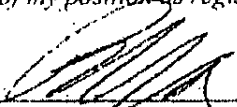
The name and the Florida street address of the registered agent are:

Jeck, Harris, Raynor & Jones, P.A.  
Name

790 Juno Ocean Walk, Suite 600  
Florida street address (P.O. Box **NOT** acceptable)

Juno Beach, FL 33408 FL  
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)

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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

Charles R. Modica  
8985 S.E. Bridge Rd.  
Hobe Sound, FL 33455

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

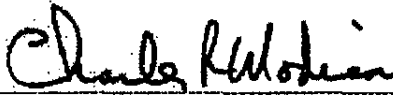
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(Use attachment if necessary)

**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.)

Andrew Belford

Charles R. Modica

Typed or printed name of signer

**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)

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