## L14 0000 12707

(Req	uestor's Name)	
(A)	l)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doo	cument Number)	
(1000	ument Number)	
Certified Copies	Certificates	s of Status
	<u>.                                    </u>	
Special Instructions to F	iling Officer:	
l		

Office Use Only



400254908694

Effective Date 1/14/14

01/17/14 -- 01021-- 005 | \*\*130.60



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KCP Designs, 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:
Kimberly C. Presanzano
Name of Person
KCP Designs, LLC
Firm/Company
21528 Brixham Run Loop
Address
Estero, FL 33928
City/State and Zip Code
kcpdesigns@embarqmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly C. Presanzano (239 \ 390-2543
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sqrt{2}\$
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AK	HCLESOF ORGANIZA	MINIORE	JKIDA LIVIII.	IZVIZADILET I	COVIFANT
ARTICLE I - Name: The name of the Limit	ed Liability Company	IS:			
KCP Designs, LLC		<u></u>			
(	Must end with the wor	rds "Limited I	Liability Compa	any, "L.L.C.,"	or "LLC.")
ARTICLE II - Addre The mailing address a	ess: nd street address of the	e principal off	ice of the Limi	ted Liability (	Company is:
Principal Office Add	ress:	<u>Mailin</u>	g Address:		
21528 Brixham Run Loop			21528 Brixham F	Run Loop	
Estero, FL 33928			Estero, FL 3392	8	
The Limited Liability mother business entit	stered Agent, Registe Company cannot serv y with an active Florid rida street address of the	e as its own R la registration	tegistered Agen		ture: designate an individual or
	Kimbeny C. Pidsanzano	Name	<del></del>	······································	•
		Name			
	21528 Brixham Run Loop		·····	···	_
	Florida street addre	ss (P.O. Box ]	NOT acceptable	le)	
	⊏stero		FL 3392	8	_
	Cit	y		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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS

*Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 atte of filing.)	<u>Title:</u>	Name and Address:
* Give attachment if necessary)  **CLE V: Effective date, if other than the date of filing: 91/14/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  **CLE VI: Other provisions, if any.**  **REQUIRED SIGNATURE:**  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State.	"AMBR" = Authorized Member	
21528 Brisham Run Loop Entero, FL 33928  CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 9the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State	•	Kimbady C. Brasanzana
Estero, FL 33928  **Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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	MGK	
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 to of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 to of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
CLE V: Effective date, if other than the date of filing: 01/14/2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	• Use attachment if necessary)	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	, = = =	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	•	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spe	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spe	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.)	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	ICLE V: Effective date, if other than the date of	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spente of filing.) CLE VI: Other provisions, if any.	
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.) CLE VI: Other provisions, if any.	eific and cannot be more than five business days prior to or 90
constitutes an affirmation under the penalties of periury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spente of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ly Prusau Zaxo
I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specified of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	Ly Chusau Zano  noter or an authorized representative of a member.
	CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 6)	Ly Change Tano  To an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document
	CLE V: Effective date, if other than the date of effective date is listed, the date must be specified of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 6 constitutes an affirmation un	mber or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of periory that the facts stated herein are true.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2