L14000026680

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | <u> </u> |
| (Cit | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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THEBIL AMIL: 24
SECRETARY OF STATE
ALLAHASSEE FINANCE

FEB 1 7 2014

T. BROWN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

KNB Document Solutions, 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:

Kenosha E. Bewley

Name of Person

Firm/Company

2764 NW 47th Terrace

Address

Lauderdale Lakes, FL 33313

City/State and Zip Code 1

knbdocs@gmail.com

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

For further information concerning this matter, please call:

Kenosha Bewley

.,954

6097128

Name of Person

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)

27.4

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



January 22, 2014

KENOSHA E. BEWLEY 2764 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313

SUBJECT: KNB DOCUMENT SOLUTIONS, LLC

Ref. Number: W14000004284

We have received your document for KNB DOCUMENT SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 114A00001459

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | E S | 7 | |
|---|--|--|--|-------------------|---------------|
| The name of the Limited Liability Company i | s: | | | | |
| | | | 5 | EB 11 | - |
| KNB Document Solutions, LLC | | · · · · · · · · · · · · · · · · · · · | () A | -4- | 2"×19=2 |
| (Must end with the word | ls "Limited Liability | Company, "L.L.C.," o | ர "LLC.")!் ⊆ | - | |
| ADTICLE II Address | | | $\Xi \phi$ | | U |
| ARTICLE II - Address: The mailing address and street address of the | nrincinal office of th | he Limited Liability Co | mnany is SE | MH II: 24 | |
| The maning decreas and shoot address of the | principal office of a | io Dimitod Didolity Co | | _ | |
| Principal Office Address: | Mailing Addr | ess: | | | |
| 2764 NW 47th Terrace | 2764 1 | 2764 NW 47th Terrace | | | |
| Lauderdale Lakes, FL 33313 | Lauderdale Lakes, FL 33313 | | | | |
| | | | | | |
| The name and the Florida street address of the | e registered agent an | e: | | | |
| | Name | | | | |
| 6823 | B Miramar Parkway | | | | |
| Florida street addres | Florida street address (P.O. Box NOT acceptable) | | | | |
| Miramar | FL | 33023 | | | |
| City | • | Zip | | | |
| Having been named as registered agent and the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac | ereby accept the app provisions of all stat | ointment as registered of tutes relating to the pro of my position as regist | agent and agree to per and complete | act in perfori | this mance |
| Registered Ag | ent's Sonature (RE | OUIRED) | | | |

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

| 101/11/11/11 | Manager | Name and Address: |
|--|---|---|
| | = Managing Member | |
| MGR | | Kenosha Bewley |
| | | 2764 NW 47th Terrace |
| | | Lauderdale Lakes, FL 33313 |
| MGR | | Casey Bewley |
| | | 2764 NW 47th Terrace |
| | | Lauderdale Lakes, FL 33313 |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attach | nment if necessary) | |
| LEV: Effe | | an the date of filing: (OPTIONA |
| | ne is listeu, the date | must be specific and cannot be more than five busines |
| effective da | s after the date of fili | ng.) |
| effective da | s after the date of fili | ng.) |
| effective da o or 90 days | s after the date of fili ED SIGNATURE: | ng.) |
| effective da o or 90 days | E <u>D</u> SIGNATURE: | Coelly |
| effective da o or 90 days | E <u>D</u> SIGNATURE: | ng.) nember or an authorized representative of a member. |
| effective da o or 90 days <u>REQUIRE</u> | Signature of a (In accordance with secti constitutes an affirmation I am aware that any false | Coelly |

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)