Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000047631 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RACHEL SIU

Account Number : I20010000073

Phone : (407) 679-2433

Fax Number

: (407)671-4352

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

Email Address:

FLORIDA LIMITED LIABILITY CO. KSP Group, LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$125.00

MOTSWAH I

COVER LETTER

TO:	Registration Section Division of Corporations		
SUВЛ	ECT: KSP Group, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	latter to the following:	
	Rachell Siu		
		Name of Person	
	Slu & Zanowick, LLC	Firm/Company	
	5100 () d Howell Branch Road		
		Address	
	Winter Par, FL 32792	City/State and Zip Code	
R	Siu888@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, plea	ase call:	
Rache	Name of Person ut (407) 679-2433 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	00 Filing Fee \$\Bigcup \textstyle	\$155.00 Filing Fee & Certified Copy (additional copy is e relosed)	S160.00 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



February 26, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RACHEL SIU

SUBJECT: KSP PROPERTY LLC

REF: W14000012385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: KSP PROPERTIES, LLC, document number L07000015510.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H14000035495 Letter Number: 514A00004236

RECEIVED
14 FEB 26 PM 4: 40
SECRETAL OF STATE
TAULAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Flonda 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
KSP Group LLC				
(Must end with the words "L	imited Liability Company, "L.L.C.," o	r "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Co	mpany is:		
Principal Office Address:	Mailing Address:			
6785 Tamarack Drive Orlando, FL 32319	5785 Tanjarack Drive Orlando, FL 32819			
The name and the Florida street address of the reg				
<u>6786 Tamarack Drive</u> Florida street address (P.	O. Box NOT acceptable)			
Orlando	FI_ 32819			
City	Zip			
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	vaccept the appointment as registered a visions of all statutes relating to the prop	gent and a per and con	gree to d uplete pe	ict in this erformance
<u> </u>				
Registred Agent's	Signature (REQUIRED)			•
(CON	TINUED)	SE	2014	
Pat	⇔ 1 of2	CRE TA	FEB 2	<u> </u>

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kasidis Charoenmitr
	5785 Tamarack Drive
	Orlando, FL 32819
AMBR	Pattama Thummanam
- -	5785 Tamarack Drive
	Orlando, Fl. 32819
AMBR	Phuwanat Sungklang
	5785 Tamarack Drive
	Orlando, FL 32819
AMBR	Salisa Wong-Cing
	5785 Tamerack Drive
	Orlando, FL 32819
(Use attachment if necessary)	
ا د الساعد عد خد الساعد الساعد الساعد	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
of filing.) EVI: Other provisions, if any.	
of filing.) E VI: Other provisions, if any.	
E VI: Other provisions, if any. REQUIRED SIGNATURE:	2/25/14
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document is the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for (n s.817.155, F.S.)
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, P.S.)
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Kasidis Chargen	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, ination submitted in a document to the Department of State by as provided for in s.817.155, F.S.) mitt Typed or printed name of signee Filing Fees:
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REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Kasidis Chargen \$125.00 Filing Fee for Articles of Org \$ 30.00 Certifled Capy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, P.S.) mitt Typed or printed name of signee Filing Fees: cantization and Designation of Registered Teent

KSP Property LLC 5785 Tamarack Drive Orlando, FL 32819 Addendum – article IV

Additional authorized member

AMBR

Torsakul Wong-Ong 5785 Tamarack Drive Orlando, FL 32819

FILED

OH FEB 26 M 8: 12

SECRETARY OF STATE