

L14000046158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

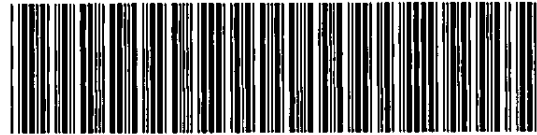
(Document Number)

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

Special Instructions to Filing Officer:

MAR 20 2014  
A. LUNT

Office Use Only



100257855921

03/20/14--01011--024 \*\*175.00

RECEIVED  
CORPORATION DIVISION  
2014 MAR 20 PM 1:05  
SUFFICIENCY OF FILING

APPROVED  
FILED  
14 MAR 20 PM 1:12  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kc-nos 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:

Orville Cassinova  
Name of Person

Firm/Company

640 Kissimmee St  
Address

Tallahassee FL 32310  
City/State and Zip Code

kcassinova@gmail.com  
E-mail address: (to be used for future annual report notification)

STATE  
OF  
FLORIDA  
FILED

14 MAR 20 PM 1:12

APPROVED  
AND  
FILED

For further information concerning this matter, please call:

Orville Cassinova at ( 850 ) 443-5909  
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)

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:

KC-NOS 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:

1757 W Tennessee  
st Tallahassee 32304

Mailing Address:

640 Kissimmee  
st Tallahassee FL  
32310

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 another business entity with an active Florida registration.)

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

Orville Cassanova

Name

640 Kissimmee st

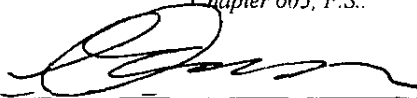
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32310

City

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)

16 MAR 20 PM 1:12  
STATE  
OFFICE  
TALLAHASSEE  
FLORIDA

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AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Orville Cassinova  
640 Kissimmee St  
Tallahassee FL 32310

Naomi Cassinova  
640 Kissimmee St  
FL 32310

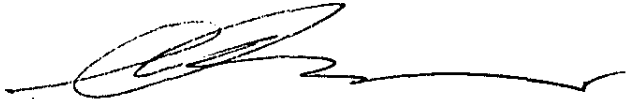
~~Samuel~~

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/20/14 (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.)

**ARTICLE 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 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.)

Orville Cassinova

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)