440000529999

(Re	equestor's Name)	
(Ac	ldress)	
		·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	··,
	ocument Number)	
(50	ocument Number,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



000258162400

03/26/14--01020--007 **155.00

FILED

14 NAR 26 AT 8-12

SECNETARILLES IA SECTORES IA DESCRIPTION DE COMPANY DE COMPANY

Office Use Only

APR 01 2014 S. YOUNG

S/18/14

COVER LETTER

TO:	Registration Section Division of Corporations		SECRET MA
oun in			
SUBJE	CCT: K&M "Doing it All "LLC	-2-11 11 12 C	<u> </u>
	Name of Lif	nited Liability Company	in the second
The one	closed Articles of Organization and fee(s) a	ra submitted for filing	
THE CH	closed Articles of Organization and rec(s) a	re sammed for timig.	er en en
Please r	return all correspondence concerning this m	satter to the following:	2.
i icase i	totall all correspondence concerning and n	atter to the ionorming.	
	Robert Kevin Stone		
		Name of Person	
	K & M " Doing it All " LLC		
		Firm/Company	
	D.O. Boy 397		
	P.O. Box 387	Address	
		Address	
	Pierson Florida 32180		
		City/State and Zip Code	
		•	
_Ma	arieodare@gmail.com	d for future annual report notifica	.4 5
	12-mail address: (to be use	d for future annual report notifica	ition)
For first	ther information concerning this matter, ple	see call	
TOI TUIT	the mornation concerning this matter, pie	use can.	
Marie	O'Dare at (352) 4553278	
	Name of Person		ephone Number
		•	
Enclose	ed is a check for the following amount:		
□ \$125 D	0 Filing Fee □\$130.00 Filing Fee &	☑\$155.00 Filing Fee &	□\$160.00 Filing Fee,
L-1 \$122.0	Certificate of Status	Certified Copy	Certificate of Status &
	Continuate of Status	(additional copy is enclosed)	Certified Copy
		(222,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(additional copy is enclosed)
			(===:::=:=:=:=:=:::=:=:::::::::::::::::
	Mailing Address	Street/Courier Adda	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporat	ions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	
		Tallahassee, FL 3230	01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
K & M " Doing it all " L C . (Must end with the words	s "Limited Liability Company,"	'l.,L,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p		,
Principal Office Address:	Mailing Address	<u>:</u>
43930 jonhson road Paisley florida 32767	P.O. Box 387 Pierson florida 3	32180
ARTICLE 111 - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida.) The name and the Florida street address of the	as its own Registered Agent. Yor registration.)	
Marie O'Dare		
	Name	
43930 Johnson road Florida street address	d s (P.O. Box <u>NOT</u> acceptable)	
<u>Paisley</u>	FL 32767 Zip	
Having been named as registered agent and to the place designated in this certificate, I he capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept the appointment as r provisions of all statutes relating	registered agent and agree to act in this to the proper and complete performance
. (0	CONTINUED)	THALL TO SECTION AND THE PROPERTY OF THE PROPE
	Page 1 of 2	MMR 26

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Marie ODare	Marie ODare	
	43930 Johnson road	
	Paisley Florida 32767	
		
		
		
(Use attachment if necessary)		
EVI: Other provisions, if any.		
REQUIRED SIGNATURE: Signature of a me (In accordance with section 66	ember or an authorized representatives, the extension of the control of the contr	ecution of this document
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information of the section for 1 am aware that any false information under 1 am aware that a manufacture 1 am aware 1	ember or an authorized representativ	ecution of this document stated herein are true.
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information of the section for I am aware that any false information under I am aware that I aware I	ember or an authorized representatives. (1) (b), Florida Statutes, the extens the penalties of perjury that the facts mation submitted in a document to the sy as provided for in s.817.155, F.S.)	ecution of this document stated herein are true.
Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor Robert Kevin S \$125.00 Filing Fee for Articles of Or	ember or an authorized representative (5.0203 (1) (b). Florida Statutes, the exerct the penalties of perjury that the facts mation submitted in a document to the mation submitted for in s.817.155, F.S.) tone Typed or printed name of signee Filing Fees:	secution of this document stated herein are true. Department of State
Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor Robert Kevin S	ember or an authorized representative 15.0203 (1) (b). Florida Statutes, the exter the penalties of perjury that the facts mation submitted in a document to the mation submitted in a document to the mation submitted for in s.817.155, F.S.) tone Typed or printed name of signee Filing Fees: ganization and Designation of Register	secution of this document stated herein are true. Department of State
Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor Robert Kevin S \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative (5.0203 (1) (b). Florida Statutes, the exter the penalties of perjury that the facts mation submitted in a document to the mation submitted in a security as provided for in s.817.155, F.S.) tone Typed or printed name of signee Filing Fees: ganization and Designation of Registeral)	decution of this document stated herein are true. Department of State
Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor Robert Kevin S: \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative 15.0203 (1) (b). Florida Statutes, the exter the penalties of perjury that the facts mation submitted in a document to the mation submitted in a document to the mation submitted for in s.817.155, F.S.) tone Typed or printed name of signee Filing Fees: ganization and Designation of Register	decution of this document stated herein are true. Department of State dered Agent TALLAR 26
Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor Robert Kevin S \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative (5.0203 (1) (b). Florida Statutes, the exter the penalties of perjury that the facts mation submitted in a document to the mation submitted in a security as provided for in s.817.155, F.S.) tone Typed or printed name of signee Filing Fees: ganization and Designation of Registeral)	decution of this document stated herein are true. Department of State

ARTICLE IV-