

#L14000056372

Michael Daniels
(Requestor's Name)

2333 HORNE AVE #A
(Address)

Tallahassee, FL 8134161692
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

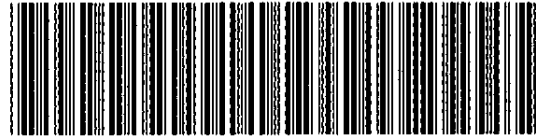
R. I. ONE MOTOR LLC.
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR -7 10:11:05

STATE OF FLORIDA
SECRETARY OF STATE

14 APR -7 AM 11:28

APPROVED
AND
FILED

K. SALY
EXAMINER

APR -7 2014

I was the "CFO" of K. I. ^{Motors} ONE Inc.
and I have no intention of
Reinstating this Company. I
wish to use the same name for
the "LLC".

Michael Smith
CFO/K. I. ONE Motors Inc.

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CLERK OF COURT
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K. I. ONE MOTORS LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

139 Clearlake Rd. #3
CCCOA, FLORIDA
32922

Mailing Address:

139 Clearlake Rd. #3
CCCOA, FLORIDA
32922

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 or another business entity with an active Florida registration.)

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

Michael Daniels
Name

2333 Home Ave #A
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32304
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..

Michael Daniels

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

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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

MGR

Name and Address:

Herby Duval

20331 NE 10th COURT
MIAMI, FLORIDA 33179

Michael Daniels

2333 HORNE AVE #A
TALLAHASSEE, FLORIDA 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Michael Daniels

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 § 817.155, F.S.)

Michael Daniels

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)