Florida Department of State

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.

(((H14000115848 3)))



H140001158483ABC%

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 DATE, THANKS!

PLEASE HONOR THE ORIGINAL SUBMISSION DATE AS THE FILE

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

Phone Fax Number : (850)656-7956 : (850)656-7953

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

Emmil Address:

radiv@incserv.com

FLORIDA LIMITED LIABILITY CO.

Krubar LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

MAY 1 9 2014

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

May 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: KRUBAR LLC REF: W14000031187

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 registered agent must sign accepting the designation.

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.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H14000115848 Letter Number: 214A00010623

RECEIVED
14 MAY 16 PM 3: 35
SECHETARY OF STATE
ALLAHASSEE, FLORIDA

ARTIC	CLES OF ORGANIZATION FOR	RELORIDA LIMITED LIABILITY CONTPANY	
ARTICLE I - Name: The name of the Limited	Liability Company is:	RELORIDA LIMITED LIABILITY COMPANY	7
Knubar LLC		Contract to the contract to th	1
	ust end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	:
ARTICLE II - Address The mailing address and	•	office of the Limited Liability Company is:	
Principal Office Addres	18 i.	Malling Address:	
1916 Beach Blvd. Point Pleasant, NJ 08	742	3712 Precision Drive Fort Collins, CO 80528	
(The Limited Liability Co another business entity v			
ناـ	ncorporating Services, Ltd. Nam	6	
	540 Glenway Driva Florida street address (P.O. Be	ox <u>NOT</u> acceptable)	
7	allehassee	FL 32301	
_	City	Zip	
the place designated to capacity. I further agree	n this certificate, I hereby acce te to comply with the provision familiar with and accept the o	ervice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performanc bligations of my position as registered agent as provided for in ater 605, F.S.	×

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MOR" = Manager	Franks & Maria
AMBR	Daniel J. Krug 1916 Beach Blvd
	Point Pleasant, NJ 08742
MGR	Manuel Berroqueiro
	16 Arlene Drive
	Rocksway NJ 07866
	175 mm
	2 2
	2017
effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (in occordance with sections).	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of periory that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (in occordance with section an affirmation I am ware that any false	be specific and cannot be more than five business days prior to or 90 days a member or an authorized representative of a member. on 605.0203 (1) (b), Florian Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (in occordance with section an affirmation I am ware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2