

U4 000087050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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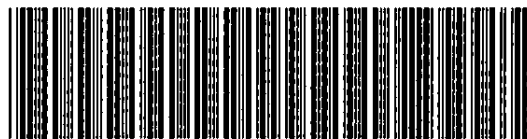
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAY 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 2014

F. CLINE

**Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: KLC MANUFACTURING LLC

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Cimino, E.A.
Robert M. Cimino Inc.
845 8th Street
Vero Beach, FL 32962

robert@robertciminoinc.comcastbiz.net

For further information concerning this matter, please call:

Robert M. Cimino at 772-562-1659

Enclosed is a check for the following amount:

A check for \$130.00 Filing Fee & Certificate of Status is enclosed.

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2014 MAY 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is: KLC Manufacturing LLC

ARTICLE II

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

Principal Office Address:

1645 32nd Avenue
Vero Beach, FL 32960

Mailing Address:

1645 32nd Avenue
Vero Beach, FL 32960

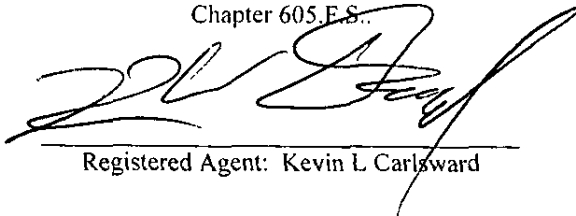
ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

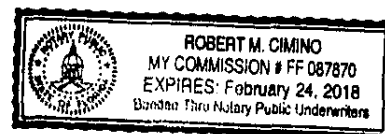
The name and the Florida Street Address of the registered agent are:

Kevin L. Carlsward
1645 32nd Avenue
Vero Beach, FL 32960

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 proved for in

Chapter 605.F.S.


Registered Agent: Kevin L. Carlsward




5/12/14

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV

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

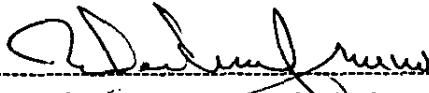
<u>Title</u>	<u>Name and Address:</u>
AMBR	Kevin L. Carlsward 1645 32 nd Avenue Vero Beach, FL 32960
AMBR	Laura C. Carlsward 1645 32 nd Avenue Vero Beach, FL 32967

ARTICLE V: Effective date, if other than the date of filing: May 16, 2014.

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:

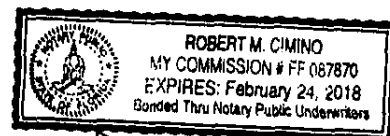


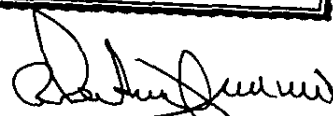
Signature of a member or an authorized representative of a member

(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.)

Typed or Printed name of signer

Kevin L. Carlsward




5/12/14

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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