## L14000100488

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	WI	4-32060

Office Use Only



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**400259788304** 05/08/14--01020--018 \*\*130.00

> JUN 2 4 20% A. LUNT



May 21, 2014

TYLER KRUG 10533 VIA LUGANO CT. CLERMONT, FL 34711

SUBJECT: KRUG LLC.

Ref. Number: W14000032060

We have received your document for KRUG LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is F02000002321.

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

Letter Number: 914A00011004

## **COVER LETTER**

	egistration Section vision of Corporations		
SURJECT	Krugs LLC.		
BCBGEC:	Name of Li	mited Liability Company	<del></del>
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	π all correspondence concerning this n	natter to the following:	
	Tyle	Name of Person	<u>.</u>
	, ,	Name of Person	
		Firm/Company	281
	10533	Via Lugano Ct. Address	2814 JEN ALLAHA
•		Address	23 AN
	Clermo	nt/FL 34711	## H #3
	K.a.t	City/State and Zip Code	
<del>-</del>	E-mail address: (to be use	nt / FL 34711 City/State and Zip Code Amail. com di for future annual report notification)	
For further	information concerning this matter, ple	ase call:	
Tyle	Name of Person at (_	352 918 6616 Area Code Daytime Telepho	ne Number
Enclosed is	a check for the following amount:		
\$125,00 Fil	ing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Cir	rcle
		Tallahassee, FL 32301	· • · •

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
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: Mailing Address:
Tyler Krug  10533 via Lugano Ct.  Clermont, FL 34711  Tyler Krug  10533 v.a lygano ct.  Clermont FL 34711
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:
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>		<u>Name and Address:</u>	,	
AMBR" = Authorized M	ember			2
MGR" = Manager		~l /		700
AMBR -		Tyler Krug		in Com
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