# L14006102365

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000261316070

06/26/14--01004--009 \*\*160.00



### **COVER LETTER**

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
KC Design Group  (Must and with the words "I imited I	iability Company, "L.L.C.," or "LLC.")
	lability Company, "L.L.C., or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
976 Norcissus Ave Cléanuviter Beach FL, 33767	Clearusus C Beach FI, 23767
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ap	gent are:
Layla ONIZ	
Florida street address (P.O. Box M.	US AVE NOT acceptable)
Clearway Stock	FL SSTET Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.
	5.
(CONTINUE)	
Page 1 of 2	THE SERVICE ORID
	GRIDA STATE

Title: "AMBR" = Authorized Men		Name and Address:			
"MGR" = Manager AMBR		Kaya Cri 976 Naciss Cleapunies	JE US AVE Beach,	(10x EL 23	3% Flat
				,	
			<del>,, -, -</del>		
					<del></del>
					<del></del>
	<i>'</i> )				
(Use attachment if necessary CLE V: Effective date, if other ffective date is listed, the date e of filing.)	than the date of filing: _e must be specific and	cannot be more than f	ive business d	OPTIONAL	) o or 90 d
CLE V: Effective date, if other iffective date is listed, the date	e must be specific and	cannot be more than f	ive business d	OPTIONAL	) o or 90 d
CLE V: Effective date, if other feetive date is listed, the date of filing.)	y.	cannot be more than f	. (C	OPTIONAL	) o or 90 d
CLE V: Effective date, if other iffective date is listed, the date is of filing.)  CLE VI: Other provisions, if any  REQUIRED SIGNATURE	y.	cannot be more than f	ive business d	lays prior to	o or 90 d
CLE V: Effective date, if other iffective date is listed, the date is of filing.)  CLE VI: Other provisions, if any   REQUIRED SIGNATURE  Signal  (In accordance will constitutes an affirm I am aware that any   Signal  (In accordance will  (In accordance  (In acc	ture of a member or th section 605.0203 (1 rmation under the penary false information sul	in author 23d represer (b). Florida Statutes, the lities of perjury that the comitted in a document to	ntative of a medical stated he of the Department	nember. of this docurerein are true	nent
CLE V: Effective date, if other iffective date is listed, the date is of filing.)  CLE VI: Other provisions, if any   REQUIRED SIGNATURE  Signal  (In accordance will constitutes an affirm I am aware that any   Signal  (In accordance will  (In accordance  (In acc	ture of a member or th section 605.0203 (I rmation under the penalty false information suldegree felony as provi	in author and represer (b) Florida Statutes, the omitted in a document to ded for in s.817.155, F.	ntative of a medical stated he of the Department	nember. of this docurerein are true	nent
CLE V: Effective date, if other iffective date is listed, the date is of filing.)  CLE VI: Other provisions, if any   REQUIRED SIGNATURE  Signal  (In accordance will constitutes an affirm I am aware that any   Signal  (In accordance will  (In accordance  (In acc	ture of a member or th section 605.0203 (1 rmation under the penalty false information suldegree felony as provided the section 605.0203 (1 rmation under the penalty false information suldegree felony as provided the section of the section formation suldegree felony as provided the section of the section	in author 23d represer (b). Florida Statutes, the lities of perjury that the comitted in a document to	ntative of a management of the execution of facts stated he of the Department S.)	nember. of this docurerein are true	nent
REQUIRED SIGNATURE  Signat  (In accordance wir constitutes an affir I am aware that an constitutes a third	ture of a member of the section 605.0203 (1 rmation under the penalty false information suldegree felony as proving Typed of F	in author 23d represer (b) Florida Statutes, the omitted in a document to ded for in s.817.155, F.  T printed name of signer illing Fees:	ntative of a median he execution of facts stated he of the Departments.)	nember. of this document of State	nent
CLE V: Effective date, if other iffective date is listed, the date is of filing.)  CLE VI: Other provisions, if any   REQUIRED SIGNATURE  Signal  (In accordance will constitutes an affir I am aware that an constitutes a third  \$125.00 Filing Fee for Ar	ture of a member over the section 605.0203 (1) rmation under the penalty false information suldegree felony as proving the section of Organization substitution s	in author 23d represer (b) Florida Statutes, the omitted in a document to ded for in s.817.155, F.  T printed name of signer illing Fees:	ntative of a median he execution of facts stated he of the Departments.)	nember. of this document of State	ment e.
REQUIRED SIGNATURE  Signat  (In accordance wir constitutes an affir I am aware that an constitutes a third	ture of a member over the section 605.0203 (1) rmation under the penalty false information suldegree felony as provided the section of Organization Optional)	in author 23d represer (b) Florida Statutes, the omitted in a document to ded for in s.817.155, F.  T printed name of signer illing Fees:	ntative of a median he execution of facts stated he of the Departments.)	nember. of this document of State	nent e.

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

ARTICLE IV-