# L14000104622

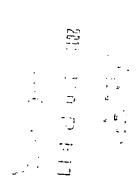
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600261628466

06/30/14--01015--022 \*\*130.00



B. BOSTICK

JUL - 1 2014

EXAMINER

## COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T. KANTIS MANAGEMENT, LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Name of Person
	KANTIS MANAGEMENT, LLC Firm/Company
	Firm/Company
	251A ROYAL PALM WAY, #300
	'Address
	PALM BEACH, FL 33480 City/State and Zip Code
	AB a STEPHANIEKANTIS. COM  E-mail address: (to be used for future annual report notification)
For further	
KNTI	HONY BURROUGHS at (56/ ) 331-55/4 × 10/ Same of Person Area Code Daytime Telephone Number
	is a check for the following amount:
l \$125.00	Filing Fee \$\bigsiz \\$130.00 \text{ Filing Fee & } \Bigsiz \\$155.00 \text{ Filing Fee & } \Bigsiz \\$160.00 \text{ Filing Fee, } \\ Certificate of Status & \\ (additional copy is enclosed) \\ (additional copy is enclosed) \end{additional copy is enclosed}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
KXNTIS MANAGEMENT, (Must end with the words "Limited	11C	_	
(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 of	ffice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
251A ROYAL PALM WXY PALM BEACH, FL 33480	SAME	-	
PALM BEACH, FL 33480		_ _	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an indi-	vidual or	
The name and the Florida street address of the registered	agent are:	r. b €. ∃	
X STEPHANIE K	XNT15	• :	س.
1 willo	-		*3
251A ROYAL PAL Florida street address (P.O. Box	MOT acceptable)	<u></u>	i
PALM BEACH City		ز <del></del>	
City	Zip	 	
Having been named as registered agent and to accept sent the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of my duties, and I am familiar with and accept the observed that the provisions of	is the appointment as registered agent and agree of all statutes relating to the proper and comple ligations of my position as registered agent as part of 605, F.S.	e to act in te perfor	n this mance
(CONTINU	ED)		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $\mathcal{H}GR$	ANTHONY BURROUGS 257A ROYAL PALM GIAY #300 PALM BEACH, FL 33480
MGR	STEPHANIE KANTIS 25TA ROYAL PKLM WXV #300 PALM BEACH , FL 334180
ective date is listed, the date must be s	e of filing:
E V: Effective date, if other than the dat	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 9  Lember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  Immation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic of a mag	pecific and cannot be more than five business days prior to or 9  Lember or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  1. In the penalties of perjury that the Department of State than the penalties of State

> KANTIS MANAGEMENT LLC BRIAN BURROUGHS MBR 277 ROYAL POINCIANA WAY STE 189 PALM BEACH FL 33480

Date of this notice: 06-07-2013

Employer Identification Number: 61-1713687

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

T

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 61-1713687. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

#### Form 1065

#### 04/15/2014

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

1953