

L14000124467

(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



300262952923

08/07/14--01022--011 **130.00

FILED

2014 AUG - 7 PM12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/06/14

AUG 08 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TKF Management, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Louis X. Amato
Name of Person

Louis X. Amato, P.A.
Firm/Company

28209 Jewel Fish Lane
Address

Bonita Springs, FL 34135
City/State and Zip Code

rk@klaascapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Amato at (239) 248-8632
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 7 PM 12:05

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TKF Management, LLC

(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:

3377 Gulfshore Blvd. North

3377 Gulfshore Blvd. North

8C

8C

Naples, FL 34103

Naples, FL 34103

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:

Louis X. Amato

Name

28209 Jewel Fish Lane

Florida street address (P.O. Box NOT acceptable)

Bonita Springs

FL 34135

City

Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 08/06/14

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 7 PM 12:05

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR AMBR

Name and Address:

Brian J. Klaas

3377 Gulfshore Blvd. North

Naples, FL 34103

AMBR

Ralph B. Klaas

3377 Gulfshore Blvd. North

Naples, FL 34103

AMBR

Richard L. Klaas

3377 Gulfshore Blvd. North

Naples, FL 34103


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 6, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (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.)

Louis X. Amato, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2014 AUG - 7 PM 12:05
CLERK OF THE COURT
TALLAHASSEE, FLORIDA