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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Kimberly Kins GAVE
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COVER LETTER

TO: Registration Section Division of Corporations
K King Industries LLC
SUBJECT: Name of Limited Liability Company
The analoged Articles of Organization and foo(a) are submitted for filing
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Kimberly King
K King Fraustics CLC
(· · ·
420 78h Street #7
Address
Miami Beach, FL 33138
KKing 209@ Yahoo, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim King at (305), 600 9778
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallaharrae FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



August 5, 2014

KIMBERLY KING 420 78TH ST #7 MIAMI BEACH, FL 33138

SUBJECT: K KING INDUSTRIES LLC

Ref. Number: W14000047857

We have received your document for K KING INDUSTRIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00016783



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K :	King	Industrie	28 LL		
	(Must end w	ith the words "Limited I	Liability Company,	"L.L.C.," or "LLC	C.")
ARTICLE II - Ad The mailing addres		dress of the principal of	fice of the Limited	Liability Company	is:
Principal Office A 420 181 Mawi Bea	2 St M	(# 7- 33141	Mailing Addres 420 Many 6	s: 7816 84 Seach, FL	33141
(The Limited Liabi	lity Company c	t, Registered Office, & annot serve as its own F tive Florida registration	Registered Agent. Y		an individual or
The name and the F	<u>Kim</u> 420	dress of the registered a ber by Name Name TS Th reet address (P.O. Box) City	King	#7 .41	
the place design capacity. I furthe	nated in this cer r agree to comp d I am familiar	agent and to accept servificate, I hereby accept only with the provisions of with and accept the obligation in the control of	the appointment as fall statutes relating gations of my position 605, F.S.	registered agent an g to the proper and	nd agree to act in this complete performance
		Page 1 of 2			25 cs = -

	Title: "AMBR" = Authorized Member "MGR" = Manager AMBR and MGR	Name and Address: Kimberly King
		Mami Beach, FL 3314
	<u> </u>	
CL)		: (OPTIONAL) d cannot be more than five business days prior to or 90 day
CLI effe ite o	E V: Effective date, if other than the date of filing	: (OPTIONAL) d cannot be more than five business days prior to or 90 day
CLI	E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)	:
CLI effe ite o	E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	d cannot be more than five business days prior to or 90 day an authorized representative of a member.
CLI effe ite o	E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 65.0203 (constitutes an affirmation under the per	an authorized representative of a member. 1) (b), Florida Standes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
CLI effe ite o	E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 695.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as provided the section of the	an authorized representative of a member. 1) (b), Florida Standes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2