

L14000134818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

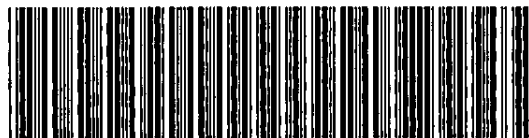
(Document Number)

Certified Copies ☒

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14 AUG 27 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~11/13/2016~~

AUG 28 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kimberly's All american landscape Des
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:

Kimberly I Zeiler

Name of Person

kimberly I zeiler

Firm/Company

19 tomoka pl

Address

summerfeild, fl 34491

City/State and Zip Code

allmericanlandscape@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

kimberly zeiler

Name of Person

at **352 2338621**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2014

KIMBERLY I ZEILER
19 TOMOKA PL
SUMMERFEILD, FL 34491

SUBJECT: KIMBERLY'S ALL AMERICAN LANDSCAPE DESIGN KZ LLC:-)
Ref. Number: W14000013606

We have received your document for KIMBERLY'S ALL AMERICAN LANDSCAPE DESIGN KZ LLC:-) and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 28, 2014. Please amend your document accordingly.

The suffix LLC must be at the end of the name.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00004605



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

KIMBERLY I ZEILER
19 TOMOKA PL
SUMMERFEILD, FL 34491

SUBJECT: KIMBERLY'S ALL AMERICAN LANDSCAPE DESIGN KZ LLC
Ref. Number: W14000013606

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 914A00015680

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimberly's all american landscape design KZ 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:

19 Tomoka pl Summerfeildfeild fl, 34491

19 tomoka pl summerfeild fl< 34491

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:

Kimberly Zeiler

Name

19 tomoka pl, summerfeild fl 34491

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

summerfeild fl

FL 34491

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)

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14 AUG 27 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

owner
Kimberly Zeiler

kimberly l zeiler

19 tomoka pl

summerfield fl 34491

manager

Kimberly L Zeiler

Kimberly L Zeiler
19 tomoka pl
summerfield fl 34491

AMBR

Kimberly Zeiler

Kimberly Zeiler
19 tomoka pl
summerfield fl 34491

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~optional~~ (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:

Kimberly Zeiler

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (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.)

Kimberly Zeiler

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)