## L14000146493

(Requestor's Name)
(Address)
(1.441.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2884

Office Use Only



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08/15/14--01008--020 \*\*125.00

SEP 1 8 2014 S. YOUNG

W14-50670



August 19, 2014

KEITH JEAN PHILIPPE 1728 GUAVE AVE UNIT 7 MELBOURNE, FL 32935

SUBJECT: K & K CARPET MASTERS LLC

Ref. Number: W14000050670

We have received your document for K & K CARPET MASTERS 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):

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 August 15, 2014. Please amend your document accordingly.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 314A00017783

SECRETAGE OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations () Leanner
SUBJECT: K & K CARPET MASTERS CLC 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:
Keith Jean Philippe Name of Person
KEKCARPET MASTERS LLC Firm/Company
1728 Guave ave unit 7
Melbourne Florida 32935
E-mail address: (to b) used for future annual report notification)
For further information concerning this matter, please call:
Keith Jean Philippe at 352; 617 30:63  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)  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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (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:** 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: 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 Signatur (CONTINUED) Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Keith Jean Philippe
	Melbourn Fl 32935
(Use attachment if necessary)	
TOSC attachment if necessary	
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