## L14000164087

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2014

KBT SERVICES LLC PO BOX 1226 BRONSON, FL 32621

SUBJECT: KBT SERVICES LLC Ref. Number: W14000058170

We have received your document for KBT SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Letter Number: 414A00020344

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## KBT Services PO BOX 1226 BRONSON, FL, 32621

Owner, Katelyn Welsh, can be reached at 352-207-6990 between the hours of 8 a.m. and 7 p.m. If you can not reach her you can also talk with the manager, Brian Toher, at the same number and at the same hours. Thank you.

Katelyn Welsh

9-15-19

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
KBT Services LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
3552 NE 1704 AVE	PO BOX 1226	<del></del>
Willistm, FL, 32696	Bronson, FL, 32621	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate	e an individual or
The name and the Florida street address of the registered a	gent are:	
Katelyn Welsh Name		
3552 NE 170 <sup>th</sup> F Florida street address (P.O. Box M	NOT acceptable)	
Williston City	FL 321910 Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent a all statutes relating to the proper an	and agree to act in this d complete performance
Registered Agent's Signatur	re (REQUIRED)	14 SEG
(CONTINUE)	<b>D</b> )	14 OCT 20 SECRETARY NELAHASSE
Page 1 of 2		14 OCT 20 PH 4: 31 SECRETARY OF STATE ALLAHASSEE, FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	12 0 1 1 1 2014 1
ambr	3552 NE MOTH AVE.
	Williston, FL, 37696
maR	Brian Toher
	PO BOX 1226
	Bronson, FL. 32621
	<u> </u>
	<del></del>
Use attachment if necessary)	
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rtive date is listed, the date must be sp filing.)  CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State.
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Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State, my as provided for in s.817.155, F.S.)

ARTICLE IV-