

L14000167860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

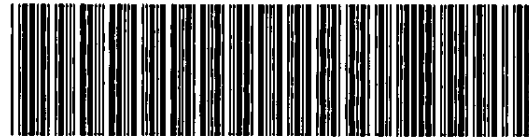
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-62694

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 28 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KWIK Food Depot 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:

KAMAL NARANG

Name of Person

Firm/Company

8749 The Esplanade #4

Address

Orlando, FL-32836

City/State and Zip Code

NARANG66@gmail.com

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

For further information concerning this matter, please call:

KAMAL NARANG at (407) 608-9898  
Name of Person 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR KWIK FOOD DEPOT, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: **Kwik Food Depot, LLC**

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**8749 The Esplanade, #4  
Orlando, FL 32836**

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Kamal Narang  
8749 The Esplanade, #4  
Orlando, FL 32836**

*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)

**ARTICLE IV  
Management**

The Limited Liability Company is to be managed and controlled by one or more members and is therefore, a member-managed Company.

Authorized Member (AMBR)  
Kamal Narang

Authorized Member (AMBR)  
Vibha Narang

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**REQUIRED SIGNATURE:**



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

*(In accordance with section 605.0201, 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.)*

Kamal Narang

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2014

KAMAL NARANG  
8749 THE ESTPLANDE #4  
ORLANDO, FL 32836

SUBJECT: KWIK FOOD MART, LLC  
Ref. Number: W14000062694

We have received your document for KWIK FOOD MART, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P97000047072.

The FAX audit number must be on the top and bottom of each page of the document.

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TALLAHASSEE, FLORIDA

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