

L14 000 180037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

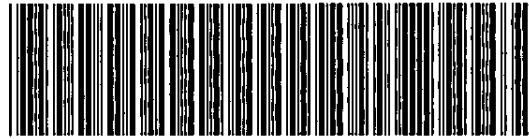
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266199838

11/14/14--01038--014 **130.00

FILED
14 NOV 14 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 21 2014

Department of State
Division of Corporations
Tallahassee, FL

11/10/2014

Ref: Document number L13000044668


Dear Sir/Madam

The present letter is to let you know that I will not file a reinstatement for KDA HOME IMPROVEMENT, LLC with above mentioned document number.

Please release name to use on a new articles of organization on the attached documents

Thanks for your help and support on this matter; feel free to contact me as soon as possible in case necessary.

Sincerely yours



CRISTINA VELZQUEZ
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KDA HOME IMPROVEMENT, 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:

LUIS JACOBO
Name of Person

JACOBO & ASSOCIATES INC
Firm/Company

6220 W 21ST COURT
Address

HIALEAH, FL 33016
City/State and Zip Code

INFO@JACOBOTAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS JACOBO at (305) 556-0044
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KDA HOME IMPROVEMENT, 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:

13241 SW 10TH MANOR

KDA HOME IMPROVEMENT, LLC

DAVIE, FL 33325

DAVIE, FL 33325

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:

JACOBO & ASSOCIATES INC

Name

6220 W 21ST COURT

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

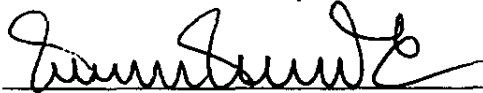
HIALEAH

FL 33016

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)

Luis F. Jacobo
(CONTINUED)

14 NOV 14 AM 7:14
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

MGR

MGR

Name and Address:

CRISTINA VELAZQUEZ

13241 SW 10TH MANOR

DAVIE, FL 33325

JOSE LUIS RUIZ

13241 SW 10TH MANOR

DAVIE, FL 33325

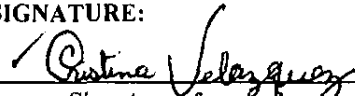
(Use attachment if necessary)

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



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.)

CRISTINA VELAZQUEZ

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)

FILED
14 NOV 14 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA