

L15000074107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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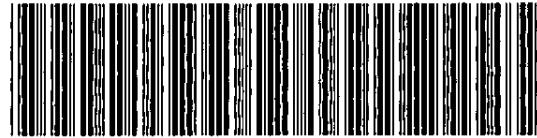
(Business Entity Name)

(Document Number)

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15 APR 28 AM 11:37
DIVISION OF CORPORATIONS

15 APR 28 AM 11:54
CORPORATION OF FLORIDA
FILED

APPROVED
AND
FILED

H. Culligan APR 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAD Team Davis - Associates, 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:

Arnta M. Whitby-Davis
Name of Person

KAD, Associates, LLC
Firm/Company

2943 Viking Way - P.O. Box 15012
Address

Tallahassee, FL 32308 - Tallahassee, FL 32317
City/State and Zip Code

KAD and Associates 2K@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnta M. Whitby-Davis at (850) 296-4876
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

I Anita M. Whitby Davis
Own and operate
KAD Team Davis Associates, INC.

I have No intention of
re-opening . P14000033710

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DIVISION OF CORRECTIONS

J. Whitby Davis 4/28/2015.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K.A.D. Team DAVIS & Associates, L.L.C.
(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:

2943 Viking Way
Tallahassee, FL 32308

Mailing Address:

P.O. Box 15012
Tallahassee, FL 32317

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:

Anita M. Whitby-Davis
Name
2943 Viking Way
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32308
City Zip

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FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 APR 28 AM 11:54

APPROVED
FILED

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 604, F.S.

Anita M. Whitby-Davis
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Kai F. Davis Sr. = Manager 2943 Viking Way
Tallahassee, FL 32308

Anita M. Whitby-Davis Manager

All same address

Kai F. Davis Jr. } Authorized
Austin I. Davis } Member
Iverson C. Davis }

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Apr. 28, 2015 (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.

This LLC will expand based on service needs of clients

REQUIRED SIGNATURE:

Anita M. Whitby-Davis

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.)

Anita M. Whitby-Davis

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)

15 APR 28 AM 11:56

APR 28 2015