

LI 5000 085861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

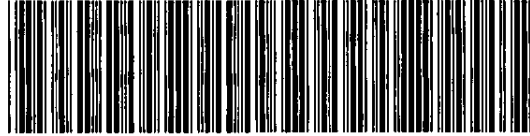
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/15--01004--032 **155.00

15 MAY 11 21 02
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

J. Stivers MAY 15 2015

2/14/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

WALTER SPRANG
13344 176TH PL N
JUPITER, FL 33478

SUBJECT: KWS ENTERPRISES LLC
Ref. Number: W15000028940

We have received your document for KWS ENTERPRISES 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):

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.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00008373

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KWS Enterprises, 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:

Walter A Sprang

Name of Person

KWS Enterprises, LLC

Firm/Company

13344 176th PI N

Address

Jupiter FL 33478

City/State and Zip Code

wasprg0071@comcast.net

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

For further information concerning this matter, please call:

Walter Sprang

Name of Person

at (920) 629-0563

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~KWS Enterprises, LLC~~ SPRANG PROPERTIES, 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:

13344 176th PI N
Jupiter FL 33478

13344 176th PI N
Jupiter FL 33478

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:

Walter A. Sprang

Name

13344 176th PI N

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

Jupiter

FL 33478

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..

Walter A. Sprang
Registered Agent's Signature (REQUIRED)

(CONTINUED)

5 MAY 11 AM 8:20
STATE
OF FLORIDA
CORPORATE
RECORDS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Walter A. Sprang

13344 176th Pl N

Jupiter FL 33478

AMBR

Karen L. Sprang

13344 176th Pl N

Jupiter FL 33478

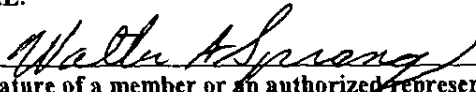
(Use attachment if necessary)

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.)

Walter A. Sprang

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
JUN 11 AM 9:26
CLERK OF COURT
JUN 11 2011
JUN 11 2011