

L15000093928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

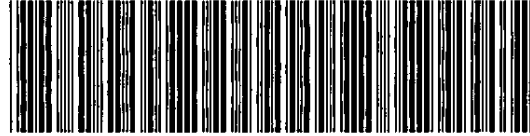
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300273319973

05/28/15--01004--004 **160.00

FILED
2015 MAY 28 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 29 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC Creek Ranch Events
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:

Donna Crowe

Name of Person

Firm/Company

16638 Perpetual Lane

Address

Zephyrhills FL 33545

City/State and Zip Code

adcrowe20@gmail.com

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

For further information concerning this matter, please call:

Donna Crowe

Name of Person

at (

813)

Area Code

310-7271

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 28 PM 3:55

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KC Creek Ranch Events, 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:

6638 Perpetual lane
Zephyrhills, FL 33545

Mailing Address:

6638 Perpetual lane
Zephyrhills, FL 33545

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:

Donna Crowe

Name

6638 Perpetual lane

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

Zephyrhills, FL

City

State

33545

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, and 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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 MAY 28 PM 3:55
CLERK 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:

Donna Crowe
6638 Perpetual lane
Zephyrhills, FL 33545

Max Allen Crowe
6638 Perpetual lane
Zephyrhills, FL 33545

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-1-15 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Donna E. Crowe
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)

2015 MAY 28 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED