

LIS 000 694540

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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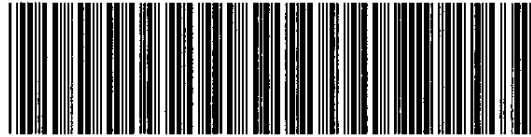
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 29 PM 3:28
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MAY 29 2015
MAY 29 2015

JUN 02 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

EWEN WILLIAMS
1124 IVAN AVE S
LEIGH ACRES, FL 23973

SUBJECT: KWE PROPERTIES LLC
Ref. Number: W15000034626

We have received your document for KWE PROPERTIES 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):

Please list the complete principal office address.

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: 815A00010250

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KWE Professional 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:

Ewen Williams

Name of Person

KWE Professional

Firm/Company

1124 Ivan Avenue S.

Address

Leigh Acres, Fl. 23973

City/State and Zip Code

ewenwilliams90@gmail.com

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

For further information concerning this matter, please call:

Ewen Williams

239

265-6602

at (_____) _____

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 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:

KWE Professional 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:

Ewen Williams

Kenesha Williams

Mailing Address:

1124 Ivan Avenue S, Leigh Acres, Fl. 33973

1124 Ivan Avenue S. Leigh Acres, Fl. 33973

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:

Ewen Williams

Name

1124 Ivan Avenue S

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

Leigh Acres, Fl. 33973

City

State

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.

E. Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 29 PM 3:28
STATE OF FLORIDA
TALLAHASSEE COUNTY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
Manager

Name and Address:

Ewen Williams

1124 Ryan Ave S
Lakeland FL 33913

AMBR

Kanesha Williams
1124 Ryan Ave S
Lakeland FL 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/7/2015 (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.)

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:

E Williams

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.)

Ewen Williams

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
15 MAY 29 PM 3:28
DEPT. OF STATE
TALLAHASSEE, FLORIDA