

L15000102103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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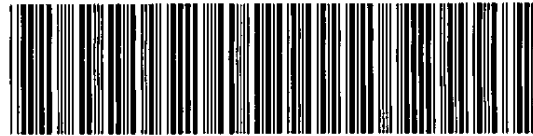
(Business Entity Name)

(Document Number)

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15 JUN - 8 PM 2:29  
JUN 11 2015  
JUN 11 2015

gf 6/12/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4kled Tech  
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:

Dewey B Gosselin  
Name of Person

4kled Tech  
Firm/Company

3618 Quantum BLVD  
Address

Boynton Beach FL. 33426  
City/State and Zip Code

Dewey @ Epa Green Led . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dewey B Gosselin at ( 561 ) 309. 9973  
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

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4k Led tech 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:

3618 Quantum Blvd  
Boynton Beach FL  
33426

Mailing Address:

same

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:

Dewey B. Gosselin  
Name

8090 SE Orchard Terrace  
Florida street address (P.O. Box **NOT** acceptable)  
Hobe Sound FL 33455  
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JUN -8 PM 2:29  
CLERK OF CIRCUIT COURT  
JUL 1 2008

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

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FBI - MEMPHIS