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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

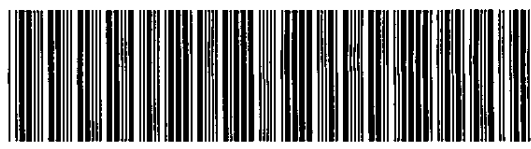
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/29/15--01006--013 **155.00

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15 JUL 29 AM 9:28
TALLAHASSEE, FLORIDA

LC
JUL 31 2015
R. WHITE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FKW Global Enterprise 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:

Frank Worden

Name of Person

FKW Global Enterprise LLC

Firm/Company

2410 SE Union Park Drive

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

frank.worden79@gmail.com

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

For further information concerning this matter, please call:

Frank Worden

at (772) 777-6946

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



July 11, 2015

Frank Worden
Kate Worden
2410 SE Union Park Drive
Port Saint Lucie, FL 34952

Dear Frank and Kate,

Included you will find a copy of your unsigned Articles of Organization and a Cover Letter. Below are the instructions you need to follow to set up your limited liability company properly. Keep in mind that the State may not accept the name you chose for your LLC. If that occurs, they will require you to choose a different name.

1. Sign the bottom of page 1 of the Articles of Organization (not the cover letter) as the Registered Agent.
2. Sign the bottom of page 2 of the Articles of Organization (not the cover letter) as a member or authorized representative.
3. After you sign in both places, make copy of the Articles of Organization.
4. Mail the Cover Letter, the original signed version of the Articles of Organization, the copy of the Articles of Organization, and a \$155 check (payable to Florida Department of State) to:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

After you send the check and documents, the State will send you certified copy of the Articles of Organization. Make sure you keep that for your records. Congratulations on setting up your LLC! Remember you will need to renew it every year, and contact your city to see if you will be required to get a business license.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FKW Global Enterprise LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2410 SE Union Park Drive
Port Saint Lucie, FL 34952

Mailing Address:

2410 SE Union Park Drive
Port Saint Lucie, FL 34952

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:

Frank Worden

Name

2410 SE Union Park Drive

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

Port Saint Lucie FL 34952

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)

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:

Frank Worden

2410 SE Union Park Drive

Port Saint Lucie, FL 34952

AMBR

Kate Worden

2410 SE Union Park Drive

Port Saint Lucie, FL 34952

(Use attachment if necessary)

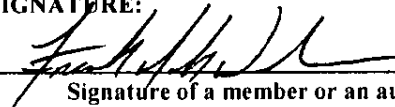
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.)

Frank Worden

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)