

L15000140427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

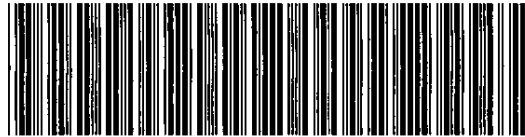
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
15 AUG -6 PM 10:46
SECRETARY OF STATE
ALABAMA SEC. FIC 01018

AUG 20 2015
W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2015

KIMBERLY EHLY ***** 2ND MAILING
2611 NW 51ST PLACE
FT LAUDERDALE, FL 33309

SUBJECT: KUTUMBA THEATRE PROJECT, INC.
Ref. Number: W15000044640

We have received your document for KUTUMBA THEATRE PROJECT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE REFERENCE THE DOCUMENT NUMBER P13000079037 IN YOUR NAME RELEASE LETTER BECAUSE THAT IS THE NMAE YOU ARE RELEASING. THERE IS NO NEED TO RREFER TO THIS LETTER NUMBER OR THE REJECTION NUMBER OF THE NEW ENTITY.,

Please return 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) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 415A00013739

Kimberly Ehly
2611 NW 51st Place
Ft. Lauderdale, FL 33309

RECEIVED AUG 19 2015

August 7, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Kutumba Theatre Project

Document Number: P13000079037

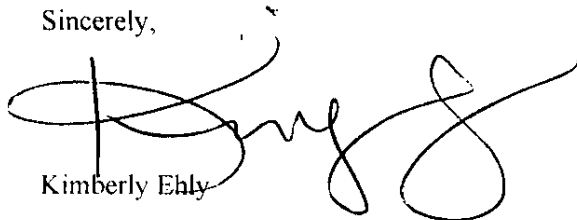
15 AUG - 6 PM 10:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Dear Ms. Painter,

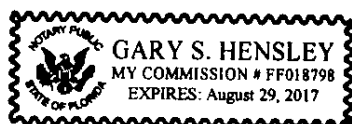
I am the President and Authorized Registered Agent of Kutumba Theatre Project, Inc. Effective May 26, 2015, I voluntarily dissolved Kutumba Theatre Project, Inc. to refile as a Florida non-profit corporation. I have no intention of reinstating, therefore, releasing the name for use by another entity.

Please refer any future questions regarding this matter to Timothy Hart at 954-202-9770.

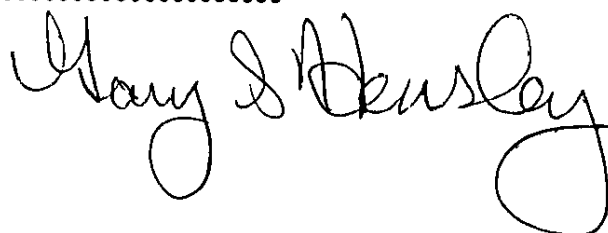
Sincerely,


Kimberly Ehly

FL DL# E400-513-69-21-0



NOTORIZED:



8-7-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPR King 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:

Andrew W. English
Name of Person

CPR King LLC.
Firm/Company

322 NE 9th Terrace
Address

Chiefland, FL 32626
City/State and Zip Code

dawgs4765@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew W. English at (352) 949-1725
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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 AUG -6 PM 10:46
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CPR King 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:

322 NE 9th Terrace
Chiefland, FL 32626

Mailing Address:

322 NE 9th Terrace
Chiefland, FL 32626

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:

Andrew W. English
Name

322 NE 9th Terrace
Florida street address (P.O. Box NOT acceptable)
Chiefland FL 32626
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.

AW E
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Name and Address:

Andrew W. English.
322 NE 9th Terrace
Chiefland, FL 32626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/26/2015 (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.)

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.)

Andrew W. English
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)

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ALLAHABAD, FLORIDA