

L15000165002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

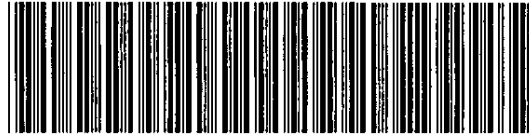
(Business Entity Name)

(Document Number)

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2015 SEP 25 PM 2:50  
SEATTLE, WA  
CLERK OF SUPERIOR COURT

~~L15000165002~~  
DOE  
9/29/15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** K & F PROPERTY MANAGMENT 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:

PATRICIA L. FERRARI, ESQ.

Name of Person

PATRICIA L. FERRARI ATTORNEY AT LAW

Firm/Company

19439 Shumard Oak Drive, Suite 102

Address

Land O Lakes, Florida 34638

City/State and Zip Code

ferrari.attorney@gmail.com

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

For further information concerning this matter, please call:

Patricia L. Ferrari

813

597-8348

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**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2015

PATRICIA FERRARI  
19439 SHUMARD OAK DR., STE 102  
LAND O LAKES, FL 34638

SUBJECT: K & F PORPERTY MANAGEMENT LLC  
Ref. Number: W15000059462

We have received your document for K & F PORPERTY MANAGEMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 215A00019010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

K & F PROPERTY MANAGEMENT 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:**

21251 Marsh Hawk Drive  
Land O Lakes, Florida 34638

**Mailing Address:**

21251 Marsh Hawk Drive  
Land O Lakes, Florida 34638

**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:

Patricia L. Ferrari, Esq.

Name

19439 Shumard Oak Drive, Suite 102

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

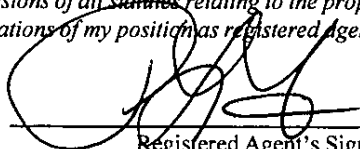
Land O Lakes                      Florida                      34638

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)

2015 SEP 25 PM 2:50

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**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:**

Michael A. Foster

21251 Marsh Hawk Drive

Land O Lakes, Florida 34638

(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.

If the criteria set forth in Section 605.0408 Florida Statutes or any successor statute and the Company's Operating Agreement have been met then the Company shall indemnify any manager or member or former manager or member, his or its personal representatives, devisees or heirs in the manner and to the extent contemplated by Section 605.408 Fla. Stats.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Patricia L. Ferrari, Esq., authorized Representative

\_\_\_\_\_  
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)