

L150002331943

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE FAULKNER FIRM, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)214-2814

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Debbie@thefaulknerfirm.com

**FLORIDA LIMITED LIABILITY CO.
KYZ PROPERTIES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

15 SEP 29 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KYZ PROPERTIES, J.J.C.
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:

Debbie Faulkner, Esq.

Name of Person

The Faulkner Firm, P.A.

Firm/Company

3106 AIL US 19 N., Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

Debbie@thefaulknerfirm.com

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

For further information concerning this matter, please call:

Debbie Faulkner

Name of Person

727 781-7428
at ()

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KYZ PROPERTIES, L.L.C.

(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:

Mailing Address:

3106 Alt. US 19 N., Suite B
Palm Harbor, Florida 34683

3106 Alt. US 19 N., Suite B
Palm Harbor, Florida 34683

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:

The Faulkner Firm, P.A.

Name

3106 Alt. US 19 N., Suite B

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

Palm Harbor Florida 34683
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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address

Mr. Franklin Ray Goodwin
3106 Alh. US 19 N., Suite B
Palm Harbor, Florida 34683

MGR

Mrs. Deborah Cole Goodwin
3106 Alh. US 19 N., Suite B
Palm Harbor, Florida 34683

(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 20 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.
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. 817.135, F.S.

Mr. Franklin Ray Goodwin

Typed or printed name of signer

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)