## L15000187155

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

10:	Division of Corporations	
CHDIE	K & A Unlimited LLC	
SUBJE		Limited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please r	eturn all correspondence concerning this	matter to the following:
	Allen Welch	
	<del></del>	Name of Person
	K & A Unlimited LLC	
		Firm/Company
	123 Silver Lake South	
		Address
	Marianna, FL 32448	
	allenjuice15@yahoo.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For furthe	er information concerning this matter, ple	ase call:
	Allen Welch	850 272-2817
	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
<b>]</b> \$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

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	1.11. (2)			
	bility Company is:			示
V C A I Indicate	1110			3. 3
K & A Unlimited	and with the words "Limited	I Liability Company "	I C "o-"IIC"	- <u>73</u> 0
(IVIUSI E	and with the words. Limited	Liability Company,	s.L.C., Of LLC.	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal of	ffice of the Limited Lia	ability Company is:	r1 :
Prin	ncipal Office Address:		Mailing Address:	T. 07.
123 Silver Lake S	South	122 Sil	ver Lake South	
Marianna, FL 324			na, FL 32448	<del></del>
<del></del>				
	Allen Welch			
		<del></del>		
		Name '	<del></del>	
	123 Silver Lake Sout	Name	-	
		Name	ptable)	
		h	ptable) 32448	
	Florida street address	th s (P.O. Box <u>NOT</u> acce	•	
Having been named as register place designated in this certific further agree to comply with th am familiar with and accept the	Florida street address  Marianna  City  red agent and to accept servicate, I hereby accept the appose provisions of all statutes re	th s (P.O. Box NOT acce  FL  State  State  See of process for the abountment as registered colating to the proper an	32448 Zip ove stated limited liability co agent and agree to act in this d complete performance of m	capacity. I ny duties, and I
place designated in this certific further agree to comply with th	Florida street address  Marianna  City  red agent and to accept servicate, I hereby accept the appose provisions of all statutes re	th s (P.O. Box NOT acce  FL  State  State  See of process for the abountment as registered colating to the proper an	32448 Zip ove stated limited liability co agent and agree to act in this d complete performance of m	capacity. I ny duties, and I

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	$\mathbb{C} = \mathbb{C}$
AMBR	Allen Welch
	123 Silver Lake South
	Marianna, FL 32448
	SING THE
AMBR	
	123 Silver Lake South
	Marianna, FL 32448
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must the date of filing.)	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days aft  not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  Lote: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed

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)