15000192992

(Requestor's Name) (Address)				
(Address)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Carrier Ling)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100278886001

11/09/15--01011--002 **130.00

SLUBETARY OF STATE INJUSTIONS OF STATE ON STATE

× 11/18/15

COVER LETTER

.,3

61.1

	Registration Section Division of Corporations				
SUBJEČI	KOI 17LLC				
BODJEC:		Limited Liabili	ty Company		
The enclose	sed Articles of Organization and fee(s) are submitted	for filing.		
Please rett	urn all correspondence concerning this	s matter to the fe	ollowing:		
	Flavio D. Schonholz				
		Name of	Person		
	KOI 17LLC				
	Firm/Company 16379 SW 54th Court.				
	Address				
	Miramar, FI 33027				
	nacha189@hotmail.com	City/State and	Zip Code		
	E-mail address: (to be u	sed for future a	nnual report notification)		
For further i	information concerning this matter, pl	ease call:			
	Flavio D. Schonholz	954	4470511		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed i	s a check for the following amount:				
\$125.00 F	iling Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	Certifie	Siling Fee & Siling 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 Fallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end ARTICLE II - Address:			
ARTICLE II - Address	d with the words "Limited Li	iability Company,	, "L.L.C.," or "LLC.")
The mailing address and street	address of the principal offic	ce of the Limited	Liability Company is:
<u>Princi</u>	ipal Office Address:		Mailing Address:
16379 SW 54th (Court.	1637	79 SW 54th Court.
Miramar, FI 33027	7	Mira	mar,FI 33027
The Limited Liability Comparator of the business entity with ar	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	egistered Agent. Y	t's Signature: You must designate an individual or
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Flavio D. Schonholz	egistered Agent. Y	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Flavio D. Schonholz	egistered Agent. Y gent are:	
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Flavio D. Schonholz N	egistered Agent. Y gent are: Name	You must designate an individual or
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Flavio D. Schonholz N 16379 SW 54th Court	egistered Agent. Y gent are: Name	You must designate an individual or

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	10070 OW EAR O
Flavio D. Schonholz N	16379 SW 54th Court Miramar,Fl 33027
	Willathat,F1 33027
Flavio D. Schonholz	16379 SW 54th Court
	Miramar,FI 33027
Claudio Schonholz	25 Transom Court.
Siddalo Schomolz	Charleston,SC 29407
(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 the date of filing.)	fic and cannot be more than five business days prior to or 90 days after
	et 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.	
Flavio D. Schonholz owns 50% of the shares Claudio Schonholz owns 50% of the shares	
Gladdie Generalie Gwild Gold Circle Granes	M 0 1
REOUIRED SIGNATURE:	
Signature of a memb	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
riis document is executed	in accordance with Section 003.0203 (1) (0), Florida Statutes.

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

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Flavio D. Schonholz

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2