L15000200515

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	. # <u>1</u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



000279418890

11/25/15--01010--009 **125.00

EFFECTIVE DATE 01/01/16

10/04/15

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	K & J Vending LLC		
SUBJECT	ity Company		
The enclos	sed Articles of Organization and feets	s) are submitted	for filing.
Please retu	ern all correspondence concerning thi	s matter to the f	ollowing:
	Kasie Herndon		
		Name of	Person
	K & J Vending LLC		
		Firm/Co	mpany
	3216 Fairmont Place		
		Addr	ess
	Haines City, FL 33844		
	kasic.varney@aol.com	City/State an	d Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For further i	nformation concerning this matter, p	lease call:	
	Kasic Herndon	863 t (557-6278
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	_	: Certifi	on Filing Fee & \$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

ARTICLE I - Name: The name of the Limited Liability Company is:	
K & J Vending, LLC	
(Must end with the words "Limited Liabili	ty 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:
3216 Fairmont Place	3216 Fairmont Place
Haines City, FL 33844	Haines City, FL 33844
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent as	ered Agent. You must designate an individual or
Kasie Herndon	
Name	
3216 Fairmont Place Florida street address (P.O.	Box NOT acceptable)

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 cs provided for in Chapter 605, F.S..

FL

State

33844

Zip

Haines City

City

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Kasie Herndon
	3216 Fairmont Place
	Haines City, FL 33844
AMBR	Jeremy Herndon
	3216 Fairmont Place
	Haines City, FL 33844
(Use attachment if necessary)	
	طالبد
	te date of filing: January 1, 2106 (OPTIONAL)
i effective date is listed, the date must ate of filing.)	be specific and cannot be more than five business days prior to or 90 days a
	s not meet the applicable statutory filing requirements, this date will not be lis
locument's effective date on the Depar	
•	
ICLE VI: Other provisions, if any.	

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.

Kasic Herndon

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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