# L15000202608

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

Office Use Only



900279519059

12/01/15--01001--008 \*\*125.00

SECRETARY OF STATE

SECRETARY OF STATE

OF COAT DRAFTION

AS OFF -1 AM 11: 07

EFFECTIVE DATE 1/23/15

2 12/09/15

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: K Private Investments 2016 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:
James C Jenkins Name of Person
Name of Person
Firm/Company
340 Royal Poinciana Way 54e 305
Palm Beach FL 33480 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James C Jenkins at (561) 8335050  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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑRΊ	TICL	ÆΙ	- Na	me:

The name of the Limited Liability Company is:

K Private Investments 2016 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:	Mailing Address:
340 Royal Poinciaia Way Ste 355 Palm Brach FL 33480	Some.
Palm Brach FL 33480	

## 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:

James C. Jenkins

Name

340 Royal Poinciaia Way 5te 305

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

Palm Beach FL 33480

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)

Page 1 of 2

15 DEC -1 AMII: 07

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	ESKO Inc 340 Royal Poinciana Way Ste 305 Palm Breach FL 33480
(Use attachment if necessary)	
(If an effective date is listed, the date must be spaced the date of filing.)  Note: If the date inserted in this block does not	e of filing: 112315 (OPTIONAL)  secific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed to a filter to a records.
the document's effective date on the Department	or state's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	ember or an authorized representative of a member.  ated in accordance with section 605.0203 (1) (b), Florida Statutes.  the information submitted in a document to the Department of State  the felony as provided for in s.817.155, F.S.
Jame	Typed or printed name of signee

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

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)

ARTICLE IV-

Page 2 of 2