L16000011115

(Re	equestor's Name)	
(Ac	dress)	
(Ar	ddress)	
(,	adicosy	
(Ci	ty/State/Zip/Phone	(#)
_	_	
☐ PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(50	Joiness Emily Hair	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300280737473

01/08/16--01009--007 **125.00

16 JAN -8 PH L: 50

61-21-16

MARKOVITZ & GERMINARO Attorneys-At-Law

1001 East Entry Drive

Suite 201-A

Pittsburgh, Pennsylvania 15216 412/571-0601

Fax: 412/571-1635

Robert S. Markovitz Samuel J. Germinaro

> Harry Markovitz (1917-1999)

> > January 4, 2016

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

Re:

KBS Design & Consulting, LLC

Dear Sir or Madam:

Please file the enclosed Articles of Incorporation being submitted for the entity identified above. A check in the amount of \$125 is included with this filing made payable to Florida Department of State. If there are any questions regarding the filing or if any additional information is needed please contact me at 412-571-0601. Thank you for your kind assistance in this matter.

Very truly yours,

Eric R. Jahn

ERJ Enclosure

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	KBS Design & Consulting, LLC	
SOBJECT	Name of L	imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Eric R. Jahn, Esq.	
		Name of Person
	Markovitz & Germinaro	
		Firm/Company
	1001 East Entry Drive, Suite 200	
	·	Address
	Pittsburgh, PA 15216	
	ericj@mda-cpa.com	City/State and Zip Code
-	E-mail address: (to be use	ed for future annual report notification)
For further ir	formation concerning this matter, plea	ase call:
	Eric R. Jahn at (571-0601
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLE I - Name:	.					
The name of the Limited Liability	Company is:					
KBS Design & Consu	ilting, LLC					
		Liability Compan	y, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Limited	Liability Company is:			
Principal	Principal Office Address: Mailing Address:		ff;			
340 Lido Drive Fort Landerdale, PL, 33301			4201 North View Drive, Suite 303 Bowle, MD 20716			
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own	Registered Agent,	nt's Signature: You must designate an indi	vidual or		
The name and the Florida street add	lress of the registered	sgent are:		20 p	5	
	Matt Roos				\subseteq	5 1 1 1
		Name		5.5	1	ne i Grande
<u>:</u>	340 Lida Drive			ţ.,;	හ	-
	Piorida street address	(P.O. Box NOT a	ceptable)	اران الماران ا	7	in in its
<u>.</u>	ort Lauderdale	Florida	_33301	65	1	िल्लाकार्
_	City	State	Zip	ORIDA	550	Ernar

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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:		
	Authorized Member			
"MGR" = M MGR	lanager	Robert P. Smith		
WOR		4201 North View Drive, Suite 303		
		Bowie, MD 20716		
			5	
			C	emmin N
	**********	رگ بر است. د اختر مدینه است. د اختران است.	10	
			- L	(0 ± 0 €)
			တ	Ç
			٠	10, 40,43
			\supset r.	1
			£	gan.
		[.3 ==		
		O = 1		ويهاوا
CLE V: Effection of filling.)	•	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c	inya Afi	er
CLE V: Effective flate is to of filling.) If the date insecument's effect	ve date, if other than the dat listed, the date must be a	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c	inya Afi	er
CLE V: Effective date is to of filing.) If the date insecument's effective	ve date, if other than the dat listed, the date must be a rted in this block does not ive date on the Departmen	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c	inya Afi	er
CLE V: Effection of the left of filing.) If the date insecument's effect CLE VI: Other p	ve date, if other than the dai listed, the date must be a rted in this block does not ive date on the Departmen provisions, if any.	te of filing:	inya Afi	er
CLE V: Effection of the least of filing.) If the date insecument's effect CLE VI: Other p	re date, if other than the dat listed, the date must be a red in this block does not ive date on the Department provisions, if any. Signature of a m This document is executing a ware that any false.	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c	inya Afi	er
CLE V: Effective date in the of filling.) If the date insecument's effective CLE VI: Other p	Signature of a mr. Signature of a mr. Signature are a mr.	te of filing:	inya Afi	er
CLE V: Effective date in the of filing.) If the date inaccomment's effective CLE VI: Other pages	re date, if other than the dat listed, the date must be a red in this block does not ive date on the Department provisions, if any. Signature of a m This document is executing a ware that any false.	te of filing:	inya Afi	er

Page 2 of 2