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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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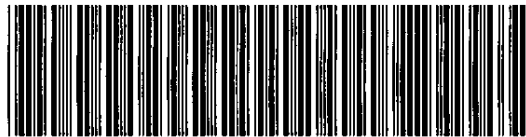
(Business Entity Name)

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16 JAN 25 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 3 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIMBALL LEWIS 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:

KIMBALL A. LEWIS

Name of Person

N/A

Firm/Company

11950 LORENZA LANE

Address

ORLANDO, FLORIDA 32827

City/State and Zip Code

kimball.lewis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimball A. Lewis

207

712 - 4831

at (_____) _____

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

☐ \$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

ELECTRONIC ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I

FILED
16 JAN 25 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The name of this Limited Liability Company is:

KIMBALL LEWIS LLC

ARTICLE II

This Limited Liability Company is organized for the purpose of conducting:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III

The street address of the principal office of this Limited Liability Company is:

11950 LORENZA LANE, ORLANDO, FLORIDA, 32827

The mailing address of this Limited Liability Company is:

11950 LORENZA LANE, ORLANDO, FLORIDA, 32827

ARTICLE IV

The name and Florida street address of the Registered Agent is:

KIMBALL A. LEWIS
11950 LORENZA LANE
ORLANDO, FLORIDA 32827

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.

Registered Agent Electronic Signature:



ARTICLE V

The name, title, and Florida street address of the person(s) authorized to manage this LLC:

Title: AMBR
KIMBALL A. LEWIS
11950 LORENZA LANE
ORLANDO, FLORIDA 32827

Signature of member or an authorized representative

Electronic Signature: Kimball A. Lewis

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE FLORIDA