

L16000031861

(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:

W16-7804

Office Use Only



900281743829

900281743829
02/01/16--01009--029 **50.00

02/17/16--01005--002 **75.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 16 P 4:18

FILED

FEB 16 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2016

MARY J. KVAM
8 BELLEVIEW BOULEVARD, SUITE 508
BELLEAIR, FL 33756

SUBJECT: KSM BRANDS INTERNATIONAL LLC
Ref. Number: W16000007804

We have received your document for KSM BRANDS INTERNATIONAL LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA GENERAL PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$75.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 816A00002341

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSM BRANDS INTERNATIONAL 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:

MARY I. KVAM

Name of Person

KSM BRANDS INTERNATIONAL LLC

Firm/Company

8 BELLEVUE BLVD. #508

Address

BELLEAIR, FLORIDA 33756

City/State and Zip Code

MKVAMBELLEAIR@AOL.COM

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

For further information concerning this matter, please call:

DWIGHT BLACKSON at (727) 443-5146

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: \$75.00



\$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

Note
Previous
check
Submitted
THANK
YOU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KSM BRANDS International 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:

8 BELLEVUE BLVD.
Suite 508
BELLAIR, FLORIDA 33756

SAME

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:

DWIGHT J. ERICKSON SR.

Name

8 BELLEVUE BLVD. Suite 508

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

Bellaire FLORIDA 33756

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MGR

MARY J. KVAM
8 BELLEVUE BLVD. #508
BELLEAIR, FLORIDA 33756
DWIGHT J. ETICKSON
8 BELLEVUE BLVD #508
BELLEAIR, FLORIDA 33756

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEB. 22nd 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet 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.

REQUIRED SIGNATURE:

Mary J. Kvam

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.

MARY J. KVAM

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)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

\$ 50.00 / STENCIL

AIRGADY

Submitted

Please Note:



\$ 75.00

SECOND CHARGE
ENCLOSURE