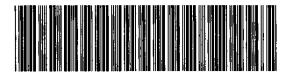
## L16000080292

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
	- (C)	- 40
_, (CII	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



300283912223

04/20/16--01013--030 \*\*160.00

16 APR 20 PH 1: 14

Make

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	Kit Kat Auto Group, LLC.	
SOBJEC		Limited Liability Company
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.
Please ret	turn all correspondence concerning this	matter to the following:
	Denise M. Getek	
	A. C.	Name of Person
	Kit Kat Auto Group, LLC.	
		Firm/Company
	30725 U.S. Hwy 19 N. suite 176	
		Address
	Palm Harbor, Fl. 34684	
	denisegetek@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further	information concerning this matter, ple	ase call:
	Denise M Getek	727 459-6161
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
]\$125.00 I	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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	- -					
Kit Kat Auto Group,			· · · · · · · · · · · · · · · · · · ·			
(Must end v	vith the words "Limite	ed Liability Cor	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Li	mited Liability Company is:			
<u>Principa</u>	al Office Address:		Mailing Add	ress:		
30725 U.S. Hwy 19 N	I.		30725 U.S. Hwy 19 N.			
Suite 176			Suite 176			
Palm Harbor, Fl. 3468	34		Palm Harbor, Fl. 34684			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ctive Florida registrat	n Registered A		dividual or	16 APR 20	THE CONTRACTOR OF THE CONTRACT
	Denise M. Getek					
	Domise IVI. Octor	Name		71 (1) Ort	 	that man
	2719 Dante Place				=	
	Florida street addre	ess (P.O. Box 🐧	OT acceptable)	<b>3&gt;</b> .		
	Holiday	Fl	34691			
	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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:	
"MGR" = M	anager		
MGR		Denise M Getek	
		2719 Dante Place	
		Holiday, Fl. 34691	
			734 g /
<del></del>	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	2.1.1.1
			7 2
			-70
		-	
			52 -
	<del></del>	<del></del>	727
			· 😕
CLE V: Effective date is		ate of filing: <u>April 17, 2016</u> . (OPT) specific and cannot be more than five business days	
CLE V: Effective date is e of filing.) If the date inserteument's effection	e date, if other than the d listed, the date must be	specific and cannot be more than five business days pot meet the applicable statutory filing requirements, this	prior to or 90 day
CLE V: Effective date is e of filing.) If the date inserument's effection	e date, if other than the clisted, the date must be ted in this block does not be date on the Department ovisions, if any.  SIGNATURE:	specific and cannot be more than five business days pot meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90 days date will not be
CLE V: Effective date is e of filing.) If the date inserument's effective CLE VI: Other p	e date, if other than the disted, the date must be ted in this block does not be date on the Department revisions, if any.  SIGNATURE:  Signature of a This document is ex 1 am aware that any the signature of a signat	specific and cannot be more than five business days pot meet the applicable statutory filing requirements, this	prior to or 90 days date will not be state will not be er.
CLE V: Effective date is e of filing.) If the date inserument's effection	e date, if other than the disted, the date must be ted in this block does not be date on the Department revisions, if any.  SIGNATURE:  Signature of a This document is ex 1 am aware that any the signature of a signat	member or an authorized representative of a member disconding section of State in accordance with section 605.0203 (1) (b), Floralise information submitted in a document to the Department of t	prior to or 90 days date will not be state will not be er.
CLE V: Effective date is e of filing.) If the date inserument's effection	e date, if other than the disted, the date must be ted in this block does not be date on the Department revisions, if any.  SIGNATURE:  Signature of a This document is ex 1 am aware that any to constitutes a third de	member or an authorized representative of a member disconting section of State in accordance with section 605.0203 (1) (b), Floralse information submitted in a document to the Department of th	prior to or 90 days date will not be state will not be er.

ARTICLE IV-

Page 2 of 2