## L16000 111809

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



08/02/16--01011--00; \*\*160.00

TALLAHASSEE FLORIDA TO

## **COVER LETTER**

Division of Corporations	
<b>12 5 66 1</b>	
SUBJECT: KD Shuttle Servi Name of Limited Liab	ues LLC.
Name of Limited Liab	lity Company
The enclosed Articles of Organization and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Keria Davis	
<u>Hevin Davis</u>	of Person
Name	I I CISON
KN Shuttle	Services LLC,
	ompany
2514 SW Ganta	1 10
2514 SW Grotto	dress
Port st. Lucie, Fl	34953
City/State a	and Zip Code
MMD 2514@ Vahoo.	om
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Kevin Davis at 772	1 416-4215
	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \\$130.00 Filing Fee & \ \\$155	.00 Filing Fee & \$160.00 Filing Fee,
	fied Copy Certificate of Status &
(additio	nal copy is enclosed) Certified Copy
	(additional copy is enclosed)
N/ 110 A P.S	C
<u>Mailing Address</u> New Filing Section	Street Address New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:	
(Must end with the words "Limited Liability C	es LLC.
(Must end with the words "Limited Liability C	ompany, "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:
Port St Lucia, Fl 34953	Port St. bucie 3 495 3
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Kevin Davis	
Name	,
2514 SW Grotte	circle
Florida street address (P.O. Box	
Port St. Lucie City State	F1 34953
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

16 JUN -2 PH 3: 37
SECRETARY OF STAN

Title: "AMBR" = Authorized Members   Market   Ma	Name and Address: er
MGR" = Manager AMBR	Kevin Davis 2514 SW Grotto Circle
	Port St. Lucie F1 34953
AMBR	Kelly Davis
	2514 SIN Grotto Circle Port St. Lucie, Fl 3495
(Use attachment if necessary)	
(Use attachment if necessary)	6/1/2014 COPTIONAL
EV: Effective date, if other tha	n the date of filing: 6/1/2016 (OPTIONAL)  sust be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other that extremely determined in the date is listed, the date in of filling.)  The date inserted in this block of the date.	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block of ment's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block ament's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other that dective date is listed, the date mor filing.) If the date inserted in this block of ment's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other that fective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the De LEVI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block ament's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no partment of State's records.
LE V: Effective date, if other that fective date is listed, the date in of filing.)  If the date inserted in this block of the date inserted in this block of the date on the De LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware tha	does not meet the applicable statutory filing requirements, this date will no partment of State's records.  List a member or an authorized representative of a member.  List a secuted in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block current's effective date on the De LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware tha	does not meet the applicable statutory filing requirements, this date will no partment of State's records.  Daws  re of a member or an authorized representative of a member. Lis executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State ird degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other that fective date is listed, the date more filing.)  The date inserted in this block of ment's effective date on the Device VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware that	does not meet the applicable statutory filing requirements, this date will no partment of State's records.  List a member or an authorized representative of a member.  List a secuted in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

16 JUH - 2 PH 3: 37
SECRETARY OF STATE
ALL ANSSET FOR INTERNAL