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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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16 JUN -8 AM 8: 04 SECRETARY OF STATE ALL AHASSEE FLORIDA

VH

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K+M Auto Parts L&C 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:
Kayla Ramos Name of Person
K+M Auto Parts Firm/Company
1409 Shell Flower Dr Address
Brandon F1 335// City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-16 JUN -8 AM 8: 01
OH ROLL
SECRETARY OF THE
SECRETARY OF STATE "OF "LLC.") ALLAHASSEE FLORID,
Company is:
Mailing Address:
Shell Flower Dr Jon. Fl 3.3511
designate an individual or
)
3357/
3357/ Zip

(CONTINUED)
Page 1 of 2

Title:		Name and Address:	-16 JUN -8 AM
"AMBR" = Auth "MGR" = Manag		,	SECRETARY DES
AMBIZ		Kayla Ramos	SECRETARY OF STALLAHASSEE FL
		Brandon . El 33.	wer pr
			
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

(401)617 - 2404

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-06-2016

EMPLOYER IDENTIFICATION NUMBER: 81-2844389 NOBOD

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 talahahaalaalaalaalaalalalalalala

K&M AUTO PARTS LLC KAYLA RAMOS SOLE MBR 1409 SHELL FLOWER DR BRANDON, FL 33511