L16000152587

(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:

Office Use Only



300288626513

08/08/16--01041--015 **125.00

16 AUG -8 AM 8: 3: SECRETARY OF STATE

DU 1/6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kim's Hor	o, LLC	
	(Must end with the words "Limited Liability	Company, "L.L.C.," or "LL.C.")
ARTICLE II - Addr The mailing address a	ess: und street address of the principal office of the Principal Office Address:	
	Frincipal Office Address:	<u>Mailing Address</u> :
	4650 Gaterland Dr.	04650 Confortand Dr., Orlando Florida 32831
	The house of Pizza)	(The house of pizza)

The name and the Florida street address of the registered agent are:

Yong K. Kim		
	Name	
1 South Blvd. E., #3	017	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davenport	FL	33836
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

CRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	oility Company is:		
Kim's Hop, LLC			
(Must e	nd with the words "Limit	ed Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the L	Limited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
1465 Orlan (The	O Gaterland D. do Florida 328 Louce of Pizza)	<u>7.</u> 37	Orlando Florida 32837 (The house of pizza)
ARTICLE III - Registered . (The Limited Liability Comp another business entity with	any cannot serve as its ov	m Registered A	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida stre	eet address of the register	ed agent are:	
	Yong K. Kim		
		Name	
	1 South Blvd. E., #	3017	
	Florida street addre	ess (P.O. Box)	NOT acceptable)
	Davenport	FL	33836

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

6 AUG -8 AM 8: 39 ECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	V - V V'
MGR	Yong K. Kim
1 AMBR'	1 South Blvd. E., #3017 Davenport, FL 33836
1112	Daveupon, FL 33830
	Anada Kim
" 1 . c o V	1 cult pint 2 18 8010
"AMBR" "MGR"	1 South Blub Z. #3017 Davenport, FL 33836
, -	000000000000000000000000000000000000000
	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than fective date is listed, the date mu of filing.)	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Department. LE VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block dument's effective date on the Department.	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Department. LE VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date ment's effective date on the Department. Other provisions, if any. REQUIRED SIGNATURE:	test be specific and cannot be more than five business days prior to or 90 days one shot meet the applicable statutory filing requirements, this date will not be cartment of State's records.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date ment's effective date on the Department. Other provisions, if any. REQUIRED SIGNATURE:	pes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date ment's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document	test be specific and cannot be more than five business days prior to or 90 days one shot meet the applicable statutory filing requirements, this date will not be cartment of State's records.
LE V: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block datement's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that	pes not meet the applicable statutory filing requirements, this date will not be partment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date inserted in this block date in the Department's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a this	pes not meet the applicable statutory filing requirements, this date will not be sartment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block datement's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that	pes not meet the applicable statutory filing requirements, this date will not be cartment of State's records. The of a member or an authorized representative of a member. The is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date inserted in this block date in the Department's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a this	pes not meet the applicable statutory filing requirements, this date will not be sartment of State's records. The of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block date inserted in this block date in the Department's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a this	pes not meet the applicable statutory filing requirements, this date will not be cartment of State's records. The of a member or an authorized representative of a member. The is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

ARTICLE IV-