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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only

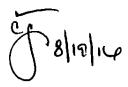
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COVERLETTER

	Registration Section Division of Corporations	
SUBJEC ⁻	US MANAGEMENT, LLC	
30BJEC	Name of Limited Liability Company	
The encio	sed Articles of Organization and fee(s) are submitted for filing.	
Piesse reti	urn all correspondence concerning this matter to the following:	
	GREGORY KENWOOD GAINES	
	Name of Person	
	US MANAGEMENT, LLC	
	Firm/Company	
	7512 DR PHILLIPS BLVD APT # 50-863	
	Aadress	
	ORLANDO, FLORIDA 32819	
	City/State and Zip Code PAUL.KWEGROUP@YAHOO.COM	
	E-mail address: (to be used for future annual report notification)	
For furtner	Information concerning this matter, please call	
	GREGORY K. GAINES 803 429-5128	
	Numer of Person Area Codo Dayelma Telephona Number	
Enclosed	is a check for the following amount:	
	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	,)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallanassee, FL 32314 Street Address New Filing Section Division of Corporations Circton Building Tallanassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2016

The said of the said of the

GREGORY KENWOOD GAINES 7512 DR PHILLIPS BLVD. APT #50-863 ORLANDO, FL 32819

SUBJECT: US MANAGEMENT, LLC Ref. Number: W16000018886

S MANAGEMENT, LLC and voices

We have received your document for US MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 716A00005212



June 1, 2016

GREGORY KENWOOD GAINES 7512 DR PHILLIPS BLVD. APT #50-863 ORLANDO, FL 32819

SUBJECT: KWEMANAGEMENT LLC

Ref. Number: W16000018886

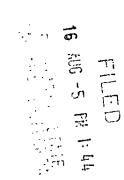
We have received your document for KWEMANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section



Letter Number: 916A00011450



FILED 16 AUG -5 PH 1: 44

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2016

GREGORY KENWOOD GAINES 7512 DR PHILLIPS BLVD. APT #50-863 ORLANDO, FL 32819

SUBJECT: KW MANAGMENT LLC Ref. Number: W16000018886

We have received your document for KW MANAGMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 816A00009573

ARTICLE I - Name: The name of the Limited I	Lianitity Company is		
The name or the Cimited i	Liadinty Od mpany is.		_
	-USM	ANAGEMENT, LLC	KWEMANAGMENT
(Mu	st and with the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and a	street address of the principal o	iffice of the Limited Li	ability Company is:
Principal Orrice Agares:			Maybas Assress:
7512 DR PHI	LLIPS BLVD	7512 C	OR PHILLIPS BLVD
APT 50-963			0- <i>86</i> 3
OREANDO, I	FL 32819	ORLA ORLA	NDO, FL 32189
The name and the Florida	struct address of the registere	d agent are	•
The name and the Florida			•
The name and the Florida		a agent aco NUL ARZOLA Nome	·
The name and the Florida	PA	Neme	
The name and the Florida	PA	UL ARZOLA	eptoble)
The name and the Florida	PA	Nome NUL ARZOLA Nome NW 101ST PLACE PLO. Box NOT occ FL	**************************************
Fny name and the Florida	5171 Florida street addres	Nome NW 101ST PLACE PAGE (P.O. Box NOT occ	
aving been named as regi lace designated in this cer irther agree to comply wit	5171 Florida street address DORAL City istered agent and to accept servetificate, I hereby accept the applications of all statutes in	Nome Nome NW 101ST PLACE PL Store Pl Store Pice of process for the appointment as registered relating to the proper a	33178
laving been named as regi lace designated in this cer irther agree to comply wit	5171 Florida street address DORAL City istered agent and to accept servetificate, I hereby accept the applications of all statutes rest the obligations of my position	Nome Nome NW 101ST PLACE PL Store Pl Store Pice of process for the appointment as registered relating to the proper a	33178 Z.p above stated limited liability company at the lagent and agree to act in this capacity. In a complete performance of my duties, and provided for in Chapter 605, F.S
laving been named as regi lace designated in this cer irther agree to comply wit	5171 Florida street address DORAL City istered agent and to accept servetificate, I hereby accept the applications of all statutes rest the obligations of my position	Name Name NW 101ST PLACE PL Sture Place Sture Place of process for the appointment as registered agent as a garagistered agent as	33178 Z.p above stated limited liability company at the lagent and agree to act in this capacity. In a complete performance of my duties, and provided for in Chapter 605, F.S

Page 1 or 2

44 :4 E.J S- 50V

•	ARTICLE IV-	esen person authorized t	o manage and control the Limited Liability Company.	
	Title: "AMBR" = Authorized N	Asmber	Name and Address:	
	"MGR" = Manager AMBR		GREGORY KENWOOD GAINES	
			7512 DR PHILLIPS BLVD APT 50 .863	<u> </u>
			ORLANDO. FLORIDA 32819	•••
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J * ****	,			
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	(Use attachment if neces	sary)		
Iran el ne dete <u>Noto:</u>	fective date is listed, the (date must be specific and block does not meet the e	. (OPTIONAL) d connot be more than five dusiness days prior to or specialists statutory roing requirements, this data will a secords.	: '
ŔTIC	LEVI: Other provisions, i	∫ony.		
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·		the second secon		
	REQUIRED SIGNATI	JRE:		
	REQUIRED SIGNATI	JRE:		
	Si This go I am aw	gnature of a member or sument is executed in acc are that any false informa	an authorized representative of a member, accordance with section 605.0203 (1) (b), Fioride Statute ition submitted in a document to the Department or States provided for in 6.817.155, F.S.	5
	Si This go I am aw	gnature of a member or sument is executed in acc are that any false informs tes a third degree falony o	ecroance with section 605.0203 (1) (b), Figriag Statute ition submitted in a document to the Department or Sta	5.00

Page 2 or 2

\$125.00 Filing Fee for Articles of Organization and Designation or Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)