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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

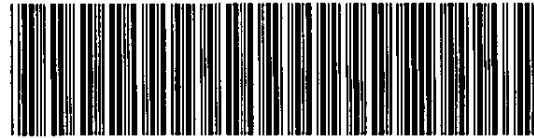
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2016 OCT 21 AM 9:08
FILED IN MASS. SEC. L. 15000



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 NOV -7 PM 4:22

FLORIDA DEPARTMENT OF STATE
REGISTRATION SERVICES

October 25, 2016

KIMBERLY LUE
14700 NW 7 AVE
MIAMI, FL 33168

SUBJECT: KMND LLC
Ref. Number: W16000072499

We have received your document for KMND LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is not complete. In order for us to process your document we need the following information: The names of the managers were not provided in the article, please resubmit the documents for further processing.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 216A00022870

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FLORIDA DEPARTMENT OF STATE
REGISTRATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMND LLC
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:

Kimberly Lue
Name of Person

Firm/Company

14700 NW 7 Ave
Address

miami, FL 33168
City/State and Zip Code

Kmlue@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Lue at (954) 275-0317
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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 Company is:

KMND LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14714, 14716-14718 NW 7 Ave.
Miami, FL 33168

Mailing Address:

Danny's Finest
14700 NW 7 Ave.
Miami, FL 33168

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kim Lue

Name

14700 NW 7 Ave.

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33168

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..

Kim Lue

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

AMBR

800 NE 75 Street
MIAMI SHORES, FL 33138
Neil DeLaFleur

7221 Branch St
HOLLYWOOD, FL 33024
Kimberly Lue

(Use attachment if necessary)

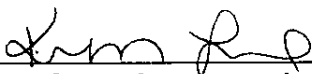
ARTICLE V: Effective date, if other than the date of filing: 10/1/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Kim Lue

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA