

L17000026169

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(Business Entity Name)

(Document Number)

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17 FEB -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W16-056850

*[Signature]* 02/06/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2016

KEVIN KING  
8690 N.W. 40TH ST.  
CORAL SPRINGS, FL 33065

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: TEAM KING, LLC.  
Ref. Number: W16000056850

We have received your document for TEAM KING, LLC. and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000066045.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00017272



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

17 FEB -3 PM 2:40

August 16, 2016

KEVIN KING  
8690 N.W. 40TH ST.  
CORAL SPRINGS, FL 33065

SUBJECT: KING'S CONSULTING, LLC.  
Ref. Number: W16000056850

We have received your document for KING'S CONSULTING, LLC. and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000164340.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00017272

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** King's Consulting  
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:

Kevin Michael King  
Name of Person  
King's Consulting  
Firm/Company  
8690 NW 40th Street  
Address  
Coral Springs, FL 33065  
City/State and Zip Code  
andreamyers911@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin King 609 428-8739  
Name of Person at 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:

*dreamking*

Consulting, LLC.

(Must end with the words "Limited Liability Company, "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:

Kevin King

Andrea Myers

Mailing Address:

8690 NW 40th ST. Coral Spring, FL 33065

8690 NW 40th St, Coral Springs, FL 33065

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:

*Michael Oconnell*  
Name

*316 SW 9th Street*

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

*Ft. Lauderdale, FL 33315*  
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..

*[Signature]*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner

**Name and Address:**

Kevin Michael King

8690 NW 40th Street

Coral Springs, FL 33065

MM

Andrea Myers

8690 NW 40th Street

Coral Springs, FL 33065

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/3/16 (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.

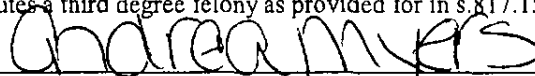
**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or 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.



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)