# U700006656

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SECRETART OF STATE
SALLAMASSEE, FLORIDA

### **COVER LETTER**

TO:	New Filing Section Division of Corporations						
SUBJEC	KB Tech Services LLC.						
Name of Limited Liability Company							
The encl	losed Articles of Organization and fee	e(s) are submitted for filing.					
Please re	eturn all correspondence concerning t	this matter to the following:					
	Jack K. Watkins						
Name of Person							
KB Tech Services LLC.							
	Firm/Company						
	9929 Spring Lake Drive						
	Address						
	Clermont, FL. 34711						
City/State and Zip Code							
jksades@yahoo.com  E-mail address: (to be used for future annual report notification)							
For furthe	r information concerning this matter,	•					
	Jack K. Watkins	352 255-4774 at ( )					
	Name of Person	Area Code Daytime Telephone Number					
Enclosed	d is a check for the following amount	<b>t</b> ·					
	Filing Fee \$130.00 Filing Fee Certificate of Stat	ee & \$155.00 Filing Fee & \$160.00 Filing	r Status &				
	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:							
KB Tech Services LLC.  (Must contain 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:			Mailing Address:				
9929 Spring Lake Drive Clermont, FL. 34711			9929 Spring Lake Drive Clermont, FL. 34711				
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:							
Jack K. Watkins							
Name							
9929 Spring Lake Drive							
Florida street address (P.O. Box NOT acceptable)							
	Clermont	FL	- 34711				
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jack K. Watkins MGR 9929 Spring Lake Drive Clermont, FL. 34711 AMBR Virginia Diane Rumble Watkins 9929 Spring Lake Drive Clermont, FL. 34711 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (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.

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.

Virginia Diane Rumble Watkins

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)

**REQUIRED SIGNATURE:** 

\$ 5.00 Certificate of Status (Optional)