

L 170000 L4495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

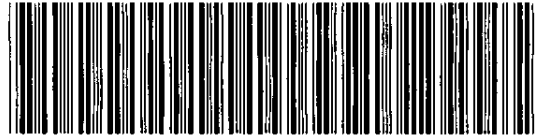
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600296568776

03/23/17--01001--015 **125.00

FILED
2017 MAR 22 PM 1:55
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAR 22 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 23 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KMM FLORIDA RENTALS LLC

Signature

Requested by: BA

3/22/17

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KMM Florida Rentals 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:

Kathleen Alvarez

Name of Person

Firm/Company

12000 Gulf Boulevard 306N

Address

Treasure Island Florida 33706

City/State and Zip Code

kathleenalvarez111@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Owens

312

446-4721

at ()

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

FILED
2017 MAR 22 PM 1:55
TALLAHASSEE, FL

EFFECTIVE DATE 04/01/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 MAR 22 PM 1:55

KMM Florida Rentals LLC

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

FILED

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8143 Prospect Street
Niles IL. 60714

8143 Prospect Street
Niles IL. 60714

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:

Paul Owens

Name

12000 Gulf Boulevard 306N

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

Treasure Island

Florida

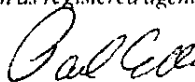
33706

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)

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

MGR

Niles II 60714

Niles H. 60714

\$ 5.00 Certificate of Status (Optional)

2017年12月11日 星期一 11:55