LNOODS

(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



100297552031

04/06/17--01023--014 **155.00

17 APR -6 PH 2: 4
SECRELARY OF STAN

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: K&J Dream Home > 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:				
Karla Bernstein Name of Person				
K&J Pream Homes LLC Firm/Company				
240 Isle Verde Way Address				
Palm Beach Gurdens F1 39418 City/State and Zip Oode				
Karla pagouda 2000 @ Yahvo. Com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tames Wichols at (860) 277-3582 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (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:

(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:
240 Isle Verde Way Palm Brach Gardens, El 33410	Saml
	

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:

MI James Nichols

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

John Beach Gardens F1 33410

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)

17 APR -6 PH 2: 41
SECRETARIASSEE, FLORIDA

ARTICLE IV- The name and address of each person au	thorized to manage and control the Limited Liability Company:
<u>Titler</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	1 1. 65
MGR	240 Bernstein
	Pulm Brach Gardens, Fl 35418
MaD	tames Nichols
	407 Savoie Dr.
	- Palm Beach Gardens, Fl 33410
•	
(Use attachment if necessary)	
	of filing: $4/3/2017$ (OPTIONAL)
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be so	of filing: 4/3/2017 (OPTIONAL) secific 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 the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. One provisions, it any.	
	2 0 /
REQUIRED SIGNATURE:	\/\/\/
-M	I feller
Signature of a Int This document is execu	ember or an authorized representative of a member. ued in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	e information submitted in a document to the Department of State se felony as provided for in s.817.155, F.S.
	Mes Mu. Vichols 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)