# L17000127814

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
, PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



900300121589

06/12/17--01023--019 \*\*125.00

FILED

17 JUN 12 AM 10: 5

SECRETARY OF STATE AHASSEE FLORE

## **COVER LETTER**

SUBJECT:	Kurtell Publishing, LLC
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Kurt L. Wallach
	Name of Person
	Kurtell Growth Industries, Ltd.
	Firm/Company
	352 17th Street
	Address
	Vero Beach, Florida 32960
	City/State and Zip Code
r	ngwalla@yahoo.com
	E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
1	Gina Wattles 772 567-8500
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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:					
Kurtell Publishing, L.L.C.  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Limited	Liability Company is:			
<u>Principal</u>	Office Address:		Mailing Address:			
352 17th Street		352	352 17th Street			
Vero Beach, FL 32960			Vero Beach, FL 32960			
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:						
Kurt L. Wallach						
Name						
5230 St Andrews Island Drive						
Florida street address (P.O. Box NOT acceptable)						
	Vero Beach	Florida	32967			

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

17 JUN 12 AM 10: 51
SECRETARY OF STATE
TAIL AHASSEE. FLORID

# 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			
MGR	Kurt L. Wallach		
	5230 St Andrews Island Drive		
	Vero Beach, Florida 32967		
MGR	Marilyn G. Wallach		
	5230 St Andrews Island Drive		
	Vero Beach, Florida 32967		
	<u> </u>		
MGR	Mark J. Wallach		
	501 44th Avenue		
	Vero Beach, Florida 32968		
<del></del>			
(Use attachment if necessary)			
`			
ARTICLE V: Effective date, if other than the d	ate of filing: June 12, 2017 (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 no	ot meet the applicable statutory filing requirements, this date will not be listed a		
the document's effective date on the Departme	ent of State's records.		
A DOTTION DATE OF THE SECOND			
ARTICLE VI: Other provisions, if any.			
(.)			
REOUIRED SIGNATURÉ: ///	MANTI /		
1. Veter	THE WALLE		
	HXW/W/W/W/		
Signature of a	member or an authorized representative of a member.		
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.		
I am aware that any f	alse information submitted in a document to the Department of State		
<u>,</u>	gree felony as provided for in s.817.155, F.S.		
Kurt	L. Wallach		
	Typed or printed name of signee		
	ν <sub>1</sub> ··· <b>r</b> ······- ······· ··· ··· ··· ··· ··· ···		

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)

17 JUN 12 AM ID: 51
SECRETARY OF STATE
ALLAHASSEE, FLORID.