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Florida Department of State

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

## **Detail by Entity Name**

Rejected Filing

MK MARTIAL ARTS, LLC

Filing Information

**Document Number** 

W17000050407

Filed Date

06/16/2017

Expire at Usual Time

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**Associated Document** 

Number

**Document Type** 

**FLILLC** 

Filed By

**DUSTIN DAEL** 

**Document Images** 

No images are available for this filing.

EGRETARY OF STATE LLAHASSEE, FLORID

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NURBAN MEDICAL SERVICES

Correcting Article V

Effective Date

Article IV - Titles

Any Issues Please

Contact Sara Dael

727-504-8318

121-304-0018

## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: MK Martial Arts 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:			
Dustin Dael Name of Person			
Name of Person			
Firm/Company			
6436 92nd Place N # 1004 Address			
Address			
Pinellas Park, FL 33782  Eity/State and Zip Code  Dustin. MK martial art @gmail. com  E-mail address: (to be used for future annual report notification)	SE :	17.	
City/State and Zip Code		, =	_ <u>_</u>
E-mail address: (to be used for future annual report notification)	ĬΛR)	5	=
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For further information concerning this matter, please call:  Sara Dae ( at (727 ) 504-8318	STAT	7 JUN 21 PM 1: 07	C
Name of Person Area Code Daytime Telephone Number	п ~	7	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$ \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MK Martial Arts, LC (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:
6436 92nd PL N #1004 64 Pinellas Park FL 33782 Pin	36 92nd PL N#1004 nellas Park FL 33782
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. ) another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Sara Dae(	
6436 92nd PL 1	) # 1004
Florida street address (P.O. Box NOT ad	cceptable)
Pinellas Park FL	33782
City State	Zip
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as registere further agree to comply with the provisions of all statutes relating to the proper am familiar with and accept the obligations of my position as registered agent of the proper am familiar with and accept the obligations of my position as registered agent of the proper am familiar with and accept the obligations of my position as registered agent of the proper am familiar with and accept the obligations of my position as registered agent of the proper am familiar with and accept the obligations of my position as registered agent of the proper am familiar with an accept the obligations of my position as registered agent of the proper am familiar with an accept the obligations of my position as registered agent of the proper am familiar with an accept the obligations of my position as registered agent of the proper am familiar with an accept the obligations of my position as registered agent of the proper am familiar with a complex proper and the proper agent of the proper agent of the proper am familiar with a contract the proper agent of the proper	ed agent and agree to act in this capacity. I and complete performance of my duties, and I
Sou Jo	AR L
Registered Agent's Signat	ure (REQUIRED)
(CONTINUED)	F.S.
	I : 0: DATE ORID

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	$O_{i}$ $O_{i}$ $O_{i}$
MGR	6436 921d PL N#1004
	Pinclas Park FL 33782
AMBR	Sara Dael
	6436 92nd PL N# 1004
	Pinellas Park FL 33782
(Use attachment if necessary)	
•	(ONTIONAL)
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 (
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 or
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CLE V: Effective date, if other than teffective date is listed, the date muste of filing.)  If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is a maware that a	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  The first of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes. The first of state information submitted in a document to the Department of State.

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)

ARTICLE IV-