L170045285

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON JUL 0 6 2017



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07/07/17--01001--017 **100.00

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SEUPSION STATE STATE
TAIL -6 PH 4:46

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

DANIEL J. KUMN	1 LLC		-		17 JH -5 PH 4:45	SECRITARY OF STATE
			- - - -	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	_	,
			<u></u>	RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy		-
			<u></u>	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search	-	-
Signature				Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record	2017 July 70 1/2	Description of the second
Requested by: BA Name	07/05/17 Date	Time		UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval	11:41	3 -1
Walk-In	Will Pick Up	<u> </u>		Courier		

COVER LETTER

	New Filing Section Division of Corporations	<u>-</u>
SUBJEC*	DANIBL J KUMM LLC	
SUBJEC	Name	of Limited Liability Company
The enclo	sed Articles of Organization and fe	e(s) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to the following:
	DANIEL J. KUMM	••
	DANIEL J. KUMM LLC	Name of Person
		Firm/Company
	12534 MOON LAKE CIRCLE	
		Address
	NEW PORT RICHEY, FL 34654	
		City/State and Zip Code
•	E-mail address: (to be	c used for future annual report notification)
For further i	nformation concerning this matter,	please call:
	DANIEL J. KUMM	727 255-9818 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	lling Fee \$130.00 Filing Fee Certificate of State	\$155.00 Filing Fee & S160.00 Filing Fee, 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:

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:

12534 MOON LAKE CIRCLE NEW PORT RICHEY, FL 34654 12534 MOON LAKE CIRCLE NEW PORT RICHEY, FL 34654

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:

DANIEL J. KUMM

Name

12534 MOON LAKE CIRCLE

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

NEW PORT RICHEY

FL

34654

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 im familiar with and accept the obligations of propertion as registered agent as provided for in Chapter 605, F.S..

Rogistored Agent's Signature (REQUIRED)

(CONTINUED)

Title:			Name and Address:	•
"AMBR" = Author	zod Member			å.
"MGR" = Manager			DANIEL J. KUMM	,
AMBR			12534 MOON LAKE CIRCLE	
			NEW PORT RICHEY, FL 34654	<u>.</u>
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