

L17000145285

(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



600300870216

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

07/07/17--01001--018 **50.00

07/07/17--01001--019 **10.00

17 JUL -6 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL -6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON

JUL 06 2017

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. KUMM LLC

Signature _____

Requested by: BA

07/05/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUL -5 PM 4:46

____ 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 _____

2017 JUL -5 PM 11:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DANIEL J KUMM 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:

DANIEL J. KUMM

Name of Person

DANIEL J. KUMM LLC

Firm/Company

12534 MOON LAKE CIRCLE

Address

NEW PORT RICHEY, FL 34654

City/State and Zip Code

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

For further information concerning this matter, please call:

DANIEL J. KUMM 727 255-9818
Name of Person at 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

17 JUL -6 PM 4:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUL -6 PM 4:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DANIEL J. KUMM LLC.

(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:

12534 MOON LAKE CIRCLE
NEW PORT RICHEY, FL 34654

Mailing Address:

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)

<u>NEW PORT RICHEY</u>	<u>FL</u>	<u>34654</u>
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)

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

AMBR

NEW PORT RICHEY, FL 34654

\$ 5.00 Certificate of Status (Optional)