

L17000/65497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

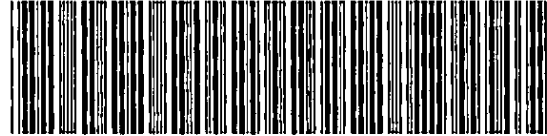
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/17--01023--008 **150.00

FILED
17 AUG -2 PM 12:20
TALLAHASSEE, FLORIDA

08/03/17

George M. Johnson, P.C.

Attorney-at-Law

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Brentwood, TN 37027

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July 31, 2017

Via FedEx

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Filing of New Entities: KimRon Enterprises, LLC
 Stage of Grace Enterprises, Inc.
 BB Leasing – FL, Inc.**

Dear Sir or Madam:

Please accept the enclosed for immediate filing in the above-referenced entities as follows:

- a cover letter for KimRon Enterprises, LLC, \$160.00 check for the filing fee, and 3 copies of its Articles of Incorporation
- a cover letter for Stage of Grace Enterprises, Inc., \$87.50 check for the filing fee, and 3 copies of its Articles of Incorporation
- a cover letter for BB Leasing – FL, Inc., \$87.50 check for the filing fee, and 3 copies of its Articles of Incorporation.

Please notify me as soon as possible with the filing numbers and dates of filing and should you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "George Johnson / sp". The signature is fluid and cursive, with a large "G" and "J".

George M. Johnson, Esq.

GMJ/sp
enclosures as noted

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Kimron Enterprises, 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:

George M. Johnson
Name of Person

George M. Johnson, P.C.
Firm/Company

215 High Lea Rd.
Address

Brentwood, TN 37027
City/State and Zip Code

George@JohnsonTNLaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George M. Johnson 615 373-2054
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimron Enterprises, 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:

Mailing Address:

708 Chelsea Way

Lake Placid, FL 33852

708 Chelsea Way

Lake Placid, FL 33852

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:

Ronald L. Booth II

Name

708 Chelsea Way

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

Lake Placid

FL

33852

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.

Ronald L. Booth II
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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NOTARY PUBLIC
STATE
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Ronald L. Booth II
708 Chelsea Way
Lake Placid, FL 33852

Kimberly Booth
708 Chelsea Way
Lake Placid, FL 33852

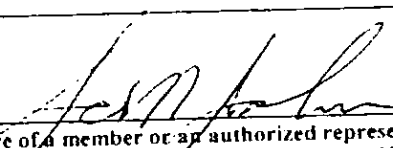
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

George M. Johnson

Typed or printed name of signer

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)

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STATE
FLORIDA