

L17000219431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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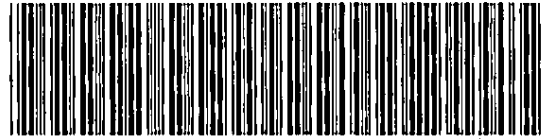
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/17--01018--023 **160.00

17 OCT 23 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ROACH & ROACH

A PROFESSIONAL LAW CORPORATION

724 Moss Street
P.O. Box 1747
Lake Charles, LA 70602

Michael E. Roach, CPA
CFE & CGMA
mroach@roachandroach.com

Annette Roach
aroach@roachandroach.com

October 20, 2017

Florida Department of State
New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: K1D2 PROPERTIES, L.L.C.

Enclosed are the original and copy of Articles of Organization for **K1D2 PROPERTIES, L.L.C.**
Please record the original in the records of your office and return to me one certified copy.

Enclosed is a check # 1947 in the amount of \$160.00 for the filing fees.

If you should have any questions, please feel free to give me a call.

Sincerely yours,



Michael E. Roach CPA, CFE, CGMA
Attorney at Law

MER/ts
Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: K1D2 PROPERTIES, L.L.C.

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:

MICHAEL E. ROACH

Name of Person

ROACH & ROACH, APLC

Firm/Company

724 MOSS STREET

Address

LAKE CHARLES, LA 70601

City/State and Zip Code

tshull@roachandroach.com

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

For further information concerning this matter, please call:

MICHAEL ROACH 337 436-2900

Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K1D2 PROPERTIES, L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1040 HWY 98E
UNIT 1118
DESTIN, FL 32541

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:

DEBORAH SWAIN

Name

1040 HWY 98E, UNIT 1118

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

DESTIN

FLORIDA

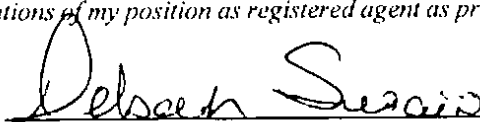
32541

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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DEBORAH SWAIN

1040 HWY 98E, UNIT 1118

DESTIN, FLORIDA 32541

AMBR

KENNETH SWAIN

1040 HWY 98E, UNIT 1118

DESTIN, FLORIDA 32541

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SEAL OF THE STATE
PALM BEACH COUNTY, FLORIDA

(Use attachment if necessary)

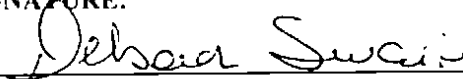
ARTICLE V: Effective date, if other than the date of filing: 10/19/2017 (OPTIONAL)

(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 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.

DEBORAH SWAIN

Typed or printed name of signee

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)