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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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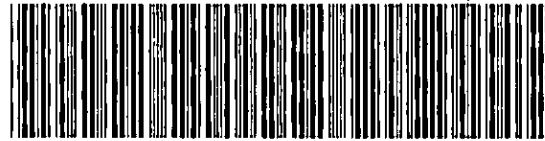
(Business Entity Name)

(Document Number)

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COVER LETTER*

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

SUBJECT: Kingsmen, 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:

John C. Lowrey

Name of Person

Kingsmen, LLC

Firm/Company

1625 King Arthur Circle

Address

Maitland, Florida 32751

City/State and Zip Code

jlowrey97@gmail.com

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

For further information concerning this matter, please call:

John Lowrey

407

712-3382

at (_____) _____

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

The name of the Limited Liability Company is:

Kingsmen, LLC

ARTICLE II

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

1625 King Arthur Circle
Maitland, Florida 32715

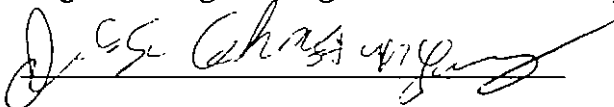
ARTICLE III

The name and the Florida street address of the registered agent is:

John Christopher Lowrey
1625 King Arthur Circle
Maitland, Florida 32751

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.

Registered Agent's Signature: John Christopher Lowrey

A handwritten signature in dark ink, appearing to read "J. C. Lowrey", is written over a horizontal line.

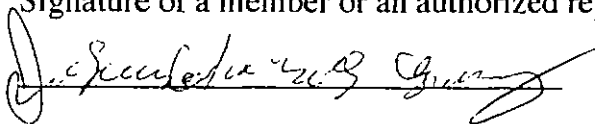
ARTICLE IV-

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

Title: Manager

John Christopher Lowrey
1625 King Arthur Circle
Maitland, Florida 32715

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.

Typed or printed name of signee:

John Christopher Lowrey

17 JUN 2014 14:29:09
ALBANY, N.Y.