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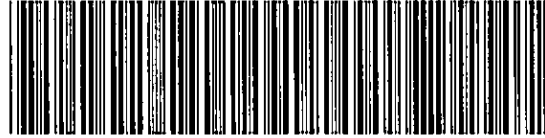
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KGRLTW 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:

Michael T Ashmore  
Name of Person

Firm/Company

1066 Helm Ln  
Address

MOORE HAVEN FL 33471  
City/State and Zip Code

mashmore30@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ashmore at ( 561 ) 216 9418  
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:

KGRLTW 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:

125 ROSS ST.  
MEAFORD ONTARIO, CAN  
N4L 1W6

Mailing Address:

1066 HELM LN.  
MOORE HAVEN, FL  
33471

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:

Barbara Willard

Name

381 W. Hickpochee Ave

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

LA BELLE FL 33935

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.*

Barbara N. Willard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOTARIAL PUBLIC  
17 NOV 13 AM 9:16  
STATE OF 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

MGR

AMBR

AMBR

AMBR

**Name and Address:**

MICHAEL ASHMORE

125 ROSS ST. MEAFORD, ONTARIO CANADA  
N4L 1W7

ROWAN ASHMORE } 271 TARTAN DR.

LONDON ASHMORE } LONDON, ONTARIO

TYNE ASHMORE } CANADA N5V 4W9

KAITLYN ASHMORE } 516 FALGAMWOOD

GAVIN ASHMORE } BARVILLE, ONTARIO

CANADA L6H 1N3

WILLIAM ASHMORE } 3 POND RIDGE, RUMAYTON  
NORWALK  
CT 06752

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DEC 1, 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.

MICHAEL ASHMORE

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)