# 18000021133

| (                    | 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:      |
|                      |                         |
|                      |                         |
|                      |                         |
| L                    |                         |

Office Use Only

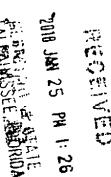
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T. SCOTT



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# COVER LETTER

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: KC SQSSQ ChSSQ, 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:   |
| Kendra S Callaway   |
| KC Gasy & Classy "LLC"  |
| 2775 Cathedral DR #216  |
| City/State and Zip Code  Calloway Kendra 22 @ gmail - Com  E-mail address (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Kendra Callaudy 850, 405-3310  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S130.00 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

| ۸ | R1 | ľI | C | LE | 1 | - | N | ame |  |
|---|----|----|---|----|---|---|---|-----|--|
|---|----|----|---|----|---|---|---|-----|--|

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," pr "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: |
|---------------------------|------------------|
| 2775 Cothedral Dr         | ~ "5awe"         |
| #21(0                     |                  |
| Tallahassee FL 32310      |                  |

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:

Kendra S Callaway

Name

2775 CAHPEDRA DR#210

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

Tallahasse FL 32310

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)

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  Kerring S Callaway  |
|--|--|
| AMBR   | 701/ano 550e FL 32310  |
| NA   |  |
| NIA  |  |
| (Use attachment if necessary)  |  |
| he date of filing.)  | ad cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as  |
|  |  |
| REQUIRED SIGNATURE.  | Ca Ji V  |
| This document is executed in act am aware that any false information constitutes a third degree felony | r an authorized representative of a member. coordance with soction 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)