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# COVER LETTER

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

SUBJECT: KOHL & DANA 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:

JENNIFER GRAHAM Name of Person ENGLEWOOD EVENT CE Firm/Company 327 SNAPPRAGON Las Address BRADENTON, FT. 34212 City/State and Zip Code GA, EEC & YAHAD, COM

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

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee S130.00 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 LIMPTED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(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: NORTH MUNGOS

# 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:

<u>JENNIFSEE GEAHAN</u> Name <u>327 ENAPORSON Loop</u> Florida street address (P.O. Box <u>NOT</u> acceptable) BRADENTION, F/, 34212 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.,

Begistered Agent's Signature (REQUIRED) (CONTINUED)

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### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager

سلارم

Name and Address:

(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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory tiling 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,

**REOUIRED 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. enniter ora am Typed or printed name of signee Filing Fees: 12 12 12 S125.00 Filing Fee for Articles of Organization and Designation of Registered Age \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Ē نن H 2 (D)