Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEYM COMPANY

Account Number : I19990000242

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Fax Number

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Email Address:_

FLORIDA LIMITED LIABILITY CO.

KW Realty Fund VI, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company\is				
KW Realty Fund VI, LE	<u>.c</u>				
(Must contain	the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addr	ress of the principal o	ffice of the Limit	ed Liability Company is:		
Principal (Office Address:		Mailing Add	dress:	
2420 Enterprise Road, S	Suite 201	24	20 Enterprise Road, Suite	201	
Clearwater, FL 33763		<u> </u>	learwater, FL 33763		
•	ve Florida registration iress of the registered RGK Development.	in.) ingent are: Inc. Name	t. You must designate an i	ã	
-	2420 Enterprise Road Florida street addres		acceptable)		€;; G:5
	Clearwater	FL	33763	AUG ILL PH 12:	55 H
-	City	State	Zip	2	27 (4) 27 (4)
Having been named as registered age place designated in this certificate, I k further agree to comply with the prov. am familiar with and accept the oblig	tereby accept the app issons of all statutes re ations of my position	ointment as regist elating to the proj as ragistered ages	ered agent and agree to ac per and complete performa nt as provided for in Chapt nature (REQUIRED)	conbility company at the city in this capacity. I make of my duties, and I	Tive Tive

To:

KW Partners, LLC 2420 Enterprise Road, Suite 201 Clearwater, FL 33763		GR* - Manager GR
2420 Enterprise Road, Suite 201 Clearwater, FL 33763		JR
Clearwater, FL 33763		
fic and cannot be more than five business days prior to or 90 days a at the applicable statutory filing requirements, this date will not be list	must be spe k does not m Department o	ve date is listed, the date ling.)
208	: (C	<u>OUIRED</u> SIGNATURE
per or an authorized representative of a member.	VC	
ber oy an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.	ture of a me	Signa
ber on an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statutes. Iformation submitted in a document to the Department of State glory as provided for in s.817.155, F.S	ture of a me ent is execut hat any false	Signat This docume I am aware t
t the applicable statutory filing requirements, this date will no	must be spe k does not m Department o	ve date is listed, the date ling.) date inserted in this blocat's effective date on the life. It: Other provisions, if any

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)