

L18000204394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

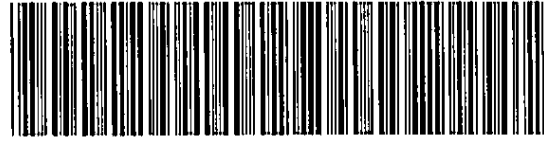
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2018 AUG 27 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 28 2018  
K. PAGE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 AUG 27 AM 11:43  
KSR SERVICES  
KSR SERVICES

August 13, 2018

PAUL R MATTHEWS  
BOX 616681  
ORLANDO, FL 32861

SUBJECT: KSR SERVICES FLORIDA LLC  
Ref. Number: W18000073016

We have received your document for KSR SERVICES FLORIDA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 918A00016672

**COVER LETTER**

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

**SUBJECT:** KSR Services Florida 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:

Paul R Matthews  
Name of Person

Intercontinental Finance Group, Inc.  
Firm/Company

Box 616681  
Address

Orlando, Florida 32861  
City/State and Zip Code

Matthews1821@Bellsouth.Net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Matthews                      321                      236-7458  
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:

KSR Services Florida, 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:

Mailing Address:

1514 Conway Isle Circle  
Orlando, Florida 32809

1514 Conway Isle Circle  
Orlando, Florida 32809

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:

Paul R. Matthews

Name

7609 Telegraph Hill

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

Orlando

Florida

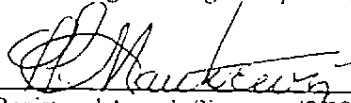
32861

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)

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TALLAHASSEE, 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

**Name and Address:**

Karen Reynolds  
1514 Conway Isle Circle  
Orlando, Florida 32809-3598

AMBR

Terry Reynolds  
1514 Conway Isle Circle  
Orlando, Florida 32809-3598

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2018. (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.

The company performs consulting services and implementation for the construction industry and may choose to engage in any other legal business activities in the future.

**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.

Karen Reynolds

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 PM 2:50

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