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(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
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COVER LETTER

10:	New Filing Division of	Section Corporations			
SUBJEC	∝r. KDAV	Audio Visual Engineering.	LLC		
ЗОВИС	C I .	Name of	Limited Liabili	ty Company	.
The encl	losed Articles	s of Organization and fee(s)) are submitted	for filing.	
Please re	eturn all corre	espondence concerning this	matter to the f	ollowing:	
	Kyle Dur	iaway			
			Name of	Person	
	KDAV A	udio Visual Engineering, l	_LC		
			Firm/Co	mpany	
	6303 Tim	nucuans Dr.			
			Addr	088	
	Lakeland	, FL 33813			
	kdaudio5@	gmail.com	City/State and	d Zip Code	
		E-mail address: (to be u	sed for future a	nnual report notification	on)
For furthe	r information	concerning this matter, pla	ease call:		
	Kyle Dun	-	813	815-1119	
	N	fame of Person	Area Code	Daytime Telephone	Number
Enclosed	l is a check fo	or the following amount:			
]\$125.00	Filing Fce	\$130.00 Filing Fee & Certificate of Status	L—Certific	0 Filing Fee & ed Copy al copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Nev Div	iling Address v Filing Section vision of Corporations		Street Address New Filing Section Division of Corporatio	ons

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ial Engineering, LLC			
(Must co	ntain the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")	
FICLE II - Address:				
mailing address and street	address of the principal o	ffice of the Limite	ed Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
6303 Timucuans Dr.		630	6303 Timucuans Dr.	
Lakeland, FL 3381	3	La	keland, FL 33813	
	ny cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual o	
FICLE III - Registered As Limited Liability Compather business entity with an anne and the Florida street	ny cannot serve as its own n active Florida registratio	Registered Agent on.)	ent's Signature: . You must designate an individual o	
Elimited Liability Compa her business entity with a	ny cannot serve as its own n active Florida registratio	Registered Agent on.)	ent's Signature: . You must designate an individual o	
Elimited Liability Compa her business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent on.)	ent's Signature: . You must designate an individual o	
Elimited Liability Compa her business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent n.) Lagent are:	ent's Signature: . You must designate an individual o	
Elimited Liability Compa her business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Kyle Dunaway	Registered Agent on.) I agent are: Name	. You must designate an individual o	
Elimited Liability Compa her business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Kyle Dunaway 6303 Timucuans Dr.	Registered Agent on.) I agent are: Name	. You must designate an individual	

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..

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = ManagerMGR _____ Kyle Dunaway 6303 Timucuans Dr. Lakeland, FL 33813 Kelly Dunaway AMBR 6303 Timucuans Dr. Lakeland, FL 33813 (Use attachment if necessary) (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 adihorized 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.

Kyle Dunaway

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)