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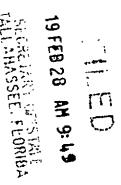
| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer. | | | | |
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Office Use Only



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COVER LETTER

| Div | rision of Corporations |
|-----------------|--|
| SUBJECT: | Kl. Bait & Lobster, LLC |
| SODJECT. | Name of Limited Liability Company |
| The enclosed | d Articles of Organization and fee(s) are submitted for filing. |
| Please return | all correspondence concerning this matter to the following: |
| ; | Kristopher Paul Leibe |
| - | Name of Person |
| | KL Bait & Lobster, LLC |
| - | Firm/Company |
| | 130 Longkey Rd. |
| - | Address |
| | Key Largo, FL 33037 |
| - | City/State and Zip Code |
| <u> </u> | ristopherleibe@icloud.com E-mail address: (to be used for future annual report notification) |
| | · |
| For further inf | formation concerning this matter, please call: |
| ŀ | Cristopher Leibe 954 654 -4215 |
| _ | Name of Person Area Code Daytime Telephone Number |
| Enclosed is a | a check for the following amount: |
| ¶\$125.00 Fili | |
|]#123.0011II | Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | |

Mailing Address

TO:

New Filing Section

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

| (Must | | ·-··· | | _ |
|--|--|---|--|-------------|
| · | contain the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | . II Call | 00 64 1 15 | Linkilling Communication | |
| The mailing address and su | eet address of the principal of | office of the Limited | Liaomiy Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 130 Longkey R | 130 Longkey Rd. | | Longkey Rd. | |
| Key Largo, FL 33037 | | Key | Largo, FL 33037 | |
| | • | | | |
| ARTICLE III - Registere The Limited Liability Con | • • | Registered Agent. \ | it's Signature: You must designate an individual or | - - - |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | apany cannot serve as its own h an active Florida registration treet address of the registere | n Registered Agent. \ On.) d agent are: | | 19 FEB 28 |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | pany cannot serve as its owr h an active Florida registration | n Registered Agent. \ On.) d agent are: | | FEB 28 |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | pany cannot serve as its own han active Florida registration treet address of the registere Kristopher Paul Leil | n Registered Agent. Yon.) d agent are: | | FEB 28 AM |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | apany cannot serve as its own han active Florida registration treet address of the registere Kristopher Paul Leil 130 Longkey Rd. | n Registered Agent. Yon.) d agent are: be Name | You must designate an individual or | FEB 28 AM 9 |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | apany cannot serve as its own han active Florida registration treet address of the registere Kristopher Paul Leil 130 Longkey Rd. | n Registered Agent. Yon.) d agent are: | You must designate an individual or | FEB 28 |
| ARTICLE III - Registere (The Limited Liability Con another business entity wit | apany cannot serve as its own han active Florida registration treet address of the registere Kristopher Paul Leil 130 Longkey Rd. | n Registered Agent. Yon.) d agent are: be Name | You must designate an individual or | FEB 28 AM 9 |

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:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|--|--|
| "MGR" = Manager AMBR | Kristopher Paul Leibe 130 Longkey Rd. Key Largo, FL 33037 | |
| | PEB 28 AT L | |
| | TORIO DE LOS | |
| If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not mee the document's effective date on the Department of SARTICLE VI: Other provisions, if any. | filing: | |
| Signature of a member of a mem | ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State | |
| Kristopher Paul Leil | lony as provided for in s.817.155, F.S. Delived or printed name of signer | |

as

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)