



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2019

KRISTINA N HARVEY
916 LEW BLVD
ST AUGUSTINE, FL 32080

SUBJECT: KNH LAND HOLDINGS, LLC
Ref. Number: W19000031886

We have received your document for KNH LAND HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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: 319A00006244

08:15

Update Payment

04/05/19

DEP Page 0001/0001

Deposit Number	: 03/22/19 01007 022	Deposit Amount	: 125.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: AMCARRANZA
Requester	:		

		DOC Page 0001/0001
Tracking Number	: 900326491229	Document Number: W19000031886
Ledger Date	: 03/22/19	Sub Account Number:
Document Requester	: CORAREJ	

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	125.00

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

UPDATE SUCCESSFUL

Bank Correction - Increased by \$100.00

Check amount - \$125.00

Validation amount 25.00

Difference \$100.00

(See Attachments / Kwim)

2019-05-01 11:11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KNH Land Holdings, 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:

Kristina N. Harvey

Name of Person

KNH Land Holdings, LLC

Firm/Company

916 Lew Blvd.

Address

St. Augustine, Florida 32080

City/State and Zip Code

harveykfl@gmail.com

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

19 APR -5 AM 11:19
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2019 BY 60322 UCBAW

For further information concerning this matter, please call:

Kristina N. Harvey 904 466-0089
Name of Person at () 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:

KNH Land Holdings, 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:

916 Lew Blvd

St. Augustine, Florida 32080

Mailing Address:

916 Lew Blvd.

St. Augustine, Florida 32080

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:

Compass Property Management Group LLC
Name

2044 Gilmore St.

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

Jacksonville, FL 32204

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 APR -5 AM 11:19
CLERK OF COURT
JACKSONVILLE, 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:

Kristina N. Harvey

916 Lew Blvd

St. Augustine, Florida 32080

(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.)

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:

Kristina N. Harvey

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.

Kristina N. Harvey

Typed or printed name of signer

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)

19 APR -5 AM 11:19