



**MHEY RODRIGUEZ-ZAMBRANO**  
**2893 FALLING TREE CIRCLE**  
**ORLANDO, FL 32837**  
**(407) 640-5152**  
**mhevrl@yahoo.es**

**March 29, 2019**

**State of Florida**  
**Division of Corporations**  
**Po Box 6327**  
**Tallahassee, Fl 32314**

**Re: Surrendering of Name**  
**New Filing**

**Dear Sir/Madam:**

**Please be advised that I am the owner of the name KCN Parts LLC. KCN failed and was closed. Thus, I am hereby surrendering any and all rights I may have to the name KCN Parts.**

**I am also hereby re-filing a new LLC with the name KCN Parts LLC and am attaching a check in the amount of \$125.00 to cover the filing fee. Upon receipt, kindly file same and issue the Articles of Incorporation.**

**Should you have any questions or concerns please do not hesitate to contact me.**

**Thank you for your anticipated courtesy and cooperation.**

**Very truly yours,**



**MHEY RODRIGUEZ-ZAMBRANO**

**COVER LETTER**

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

**SUBJECT:** KCN PARTS 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:

MHEY RODRIGUEZ-ZAMBRANO  
Name of Person

KCN PARTS LLC  
Firm/Company

2893 FALLING TREE CIRCLE  
Address

ORLANDO, FL 32837  
City/State and Zip Code

MHEYRL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MHEY RODRIGUEZ-ZAMBRA 407 640-5152  
at ( )  
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:

KCN PARTS 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:

2893 FALLING TREE CIRCLE, ORLANDO FL

2893 FALLING TREE CIRCLE, ORLAND

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:

MHEY RODRIGUEZ-ZAMBRANO

Name

2893 FALLING TREE CIRCLE

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

ORLANDO

FL

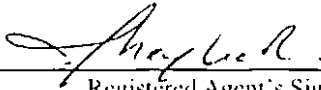
32837

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)

2019 APR -4 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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:**

MHEY RODRIGUEZ-ZAMBRANO

2893 FALLING TREE CIRCLE

ORLANDO FL 32837

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/01/2019 (OPTIONAL)

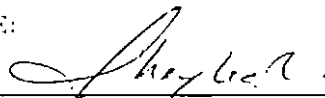
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



**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.

MHEY RODRIGUEZ-ZAMBRANO

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)