

L19000096424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

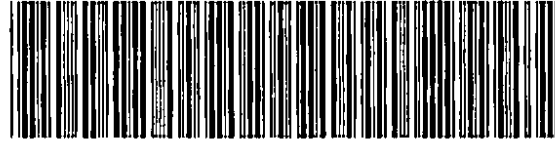
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

J. Simmons

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KMS PROPERTY 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:

PHILLIP A. MOORE

Name of Person

Firm/Company

506 WAYCROSS AVENUE

Address

PENSACOLA, FL 32507

City/State and Zip Code

phillmoore96@gmail.com

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

For further information concerning this matter, please call:

PHILLIP A. MOORE 404 3074117
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

KMS PROPERTY 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:

506 WAYCROSS AVENUE
PENSACOLA, FL 32507

Mailing Address:

506 WAYCROSS AVENUE
PENSACOLA, FL 32507

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:

PHILLIP A. MOORE

Name

506 WAYCROSS AVENUE

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

PENSACOLA

FL

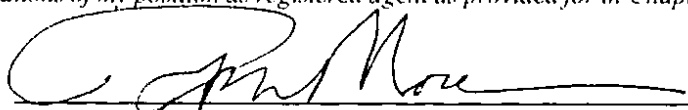
32507

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:

PHILLIP A. MOORE

506 WAYCROSS AVENUE

PENSACOLA, FL 32507

AMBR

HUGH E. KELKER

506 WAYCROSS AVENUE

PENSACOLA, FL 32507

AMBR

SHARON L. MOORE

4050 PITTMAN RD

ATLANTA, GA 30349

AMBR

~~DYCLER SPREGOLA~~ LARDYCIA R. SPREGOLA

556 E LAKE DR.

MARIETTA, GA 30062

(Use attachment if necessary)

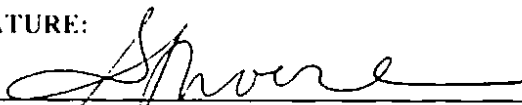
ARTICLE V: Effective date, if other than the date of filing: 01 APRIL 2019 (OPTIONAL)

(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.

SHARON L. MOORE

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)