

LI91000177731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

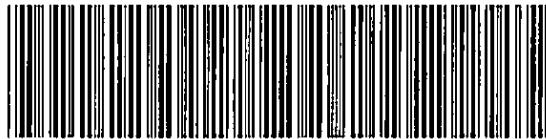
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JUL 22 2019



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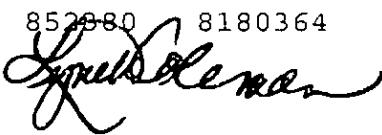
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STATE OF PENNSYLVANIA
COMMONWEALTH
ALL INFORMATION CONTAINED
HEREIN IS UNPUBLISHED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 852380 8180364

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : July 19, 2019

ORDER TIME : 1:23 PM

ORDER NO. : 852380-020

CUSTOMER NO: 8180364

DOMESTIC FILING

NAME: KAMCO FLH PARTNERS 19, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

2019 JUL 19 F1 2:01

COVER LETTER

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

SUBJECT: Kamco FLH Partners 19, 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:

Matthew J Yetman

Name of Person

Firm/Company

801 Thompson Ave: Suite 400

Address

Rockville, MD 20852

City/State and Zip Code

wanda@ibx-llc.com

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

For further information concerning this matter, please call:

Matthew J Yetman at (240) 216-1199
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:

Kamco FLH Partners 19, 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:

5907 Sunnyslope Drive
Naples, FL

Mailing Address:

801 Thompson Ave,
Suite 400
Rockville, MD 20852

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
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.

Corporation Service Company

By

Roxanne Turner
Registered Agent's Signature (REQUIRED)

Roxanne Turner
Asst. Vice President

(CONTINUED)

19 JUL 19 PM 12:19
FLORIDA DIVISION OF
CORPORATIONS
REGISTRATION

FILED

