L19000203206

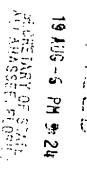
~ \$\vec{q}\$
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



200332667582

08/06/19--01016--001 **1S5.00



COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	Krach LLC	
10000001		of Limited Liability Company
The enclos	ed Articles of Organization and fee	(s) are submitted for filing.
Please retu	rn all correspondence concerning t	nis matter to the following:
	Ann Krach	
		Name of Person
		Firm/Company
	2232 Margarita Dr	
		Address
	The Villages FL 32159	
	krachae@gmail.com	City/State and Zip Code
-		used for future annual report notification)
For further i	nformation concerning this matter.	please call:
	Ann Krach	443 207-2551 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	-	& \$155.00 Filing Fee & \$160.00 Filing Fee.
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

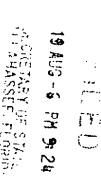
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
Krach LLC			
(Must contain	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:
			, ,
<u>Principa</u>	Office Address:		Mailing Address:
2232 Margarita Dr		223	2 Margarita Dr
The Villages FL 3215	9	The	Villages FL 32159
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered	l agent are:	
	Ann Krach		
		Name	
	2232 Margarita Dr		
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
	The Villages	HL.	32159
	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)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Ann Krach 2232 Margarita Dr The Villages FL 32159 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 filling 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.

Typed or printed name of signee
Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Ann Krach

COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	Krach LLC			
30031.01		of Limited Liabil	ity Company	
The enclose	ed Articles of Organization and fee	(s) are submitted	for filing.	
Please retu	rn all correspondence concerning th	nis matter to the f	ollowing:	
	Ann Krach			
		Name of	Person	, . .
		Firm/Co	mpany	
	2232 Margarita Dr	Tillibett	трану	
		Addr	ess	
	The Villages FL 32159			
1	krachae@gmail.com	City/State an	d Zip Code	
-	E-mail address: (to be	used for future a	innual report notificat	ion)
For further in	nformation concerning this matter, [please call:		
	Ann Krach	443 at (207-2551	
•	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amount:			
]\$1 25.00 Fi	ling Fee \$130.00 Filing Fee Certificate of State	ıs Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

(Must co	ontain the words "Limited Lia	ability Company.	"L.L.C" or "LL.C.")
ARTICLE II - Address: The mailing address and street	enddown of the main inch of Y		I fabilies di con di
The marking address and street	address of the principal offi	ee or the trimited	Clability Company is:
Princ	ipal Office Address:		Mailing Address:
2232 Margarita Dr		רייי	! Margarita Dr
The Villages FL 33			Villages FL 32159
ARTICLE III - Registered A	gent, Registered Office, &	Registered Agen	it's Signature:
ARTICLE III - Registered A The Limited Liability Compa	ny cannot serve as its own Re	egistered Agent. N	it's Signature: You must designate an individual o
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	ny cannot serve as its own Re	egistered Agent. N	it's Signature: You must designate an individual o
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ro n active Florida registration.)	egistered Agent. N	it's Signature: You must designate an individual o
The Limited Liability Compa	ny cannot serve as its own Ro n active Florida registration.) et address of the registered as	egistered Agent. N	it's Signature: r'ou must designate an individual c
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ron active Florida registration. I at address of the registered as Ann Krach	egistered Agent. \ gent are:	You must designate an individual o
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ron active Florida registration. I at address of the registered as Ann Krach	egistered Agent. N	it's Signature: You must designate an individual o
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ron active Florida registration. I at address of the registered as Ann Krach	egistered Agent. \ gent are:	You must designate an individual o
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ron active Florida registration. I et address of the registered as Ann Krach	egistered Agent. N gent are:	You must designate an individual of
The Limited Liability Compainother business entity with a	ny cannot serve as its own Ron active Florida registration. I et address of the registered as Ann Krach 2232 Margarita Dr	egistered Agent. N gent are:	You must designate an individual o

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. Thereby 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)

	Title: "AMBR" = Authorized "MGR" = Manager	l Member	Name and Address:
	AMBR		Ann Krach
		-	2232 Margarita Dr
			The Villages FL 32159
		-	
		_	
		_	
	(Use attachment if nee	essary)	
RTIC f an ef	LEV: Effective date, if cfective date, if c	other than the date of filing c date must be specific an	:
f an ef ie date	fective date is listed, the of filing.)	e date must be specific an	d cannot be more than five business days prior to or 90 days after
f an ef ie date <u>Vote:</u> J	fective date is listed, the of filing.) I the date inserted in thi	e date must be specific an s block does not meet the	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
if an ef he date <u>Note:</u> I he doci	fective date is listed, the of filing.) If the date inserted in this iment's effective date or	e date must be specific and s block does not meet the n the Department of State	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
if an ef he date <u>Note:</u> I he doci	fective date is listed, the of filing.) I the date inserted in thi	e date must be specific and s block does not meet the n the Department of State	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
if an ef he date <u>Note:</u> I he doci	fective date is listed, the of filing.) If the date inserted in this iment's effective date or	e date must be specific and s block does not meet the n the Department of State	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
If an ef he date <u>Note:</u> I he doci	fective date is listed, the of filing.) If the date inserted in this iment's effective date or	e date must be specific and s block does not meet the n the Department of State	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
f an ef ie date <u>Note:</u> I he doci	fective date is listed, the of filing.) If the date inserted in thi iment's effective date o LE VI: Other provisions.	s block does not meet the nather the Department of State if any.	ad cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a s records.
f an ef ie date <u>Sote:</u> d he doci	fective date is listed, the of filing.) If the date inserted in this iment's effective date or	s block does not meet the nather the Department of State if any.	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Ann Krach