

L20000067764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

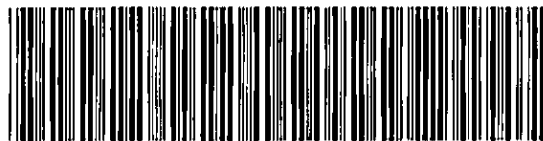
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/11/20--01013--000 ++150.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KGK FREIGHT LINE, 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:

KIEMEYUNE G. KAZIBWE

Name of Person

KGK FREIGHT LINE, LLC

Firm/Company

2301 CONIFER AVE

Address

WINTER PARK, FLORIDA, 32792

City/State and Zip Code

MUKKANO40@Gmail.Com

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

For further information concerning this matter, please call:

KIEMEYUNE. GORDON at (808) 815 7531

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

2020 FEB 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KGK FREIGHT LINE, 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:

2301 CONIFER AVE,
WINTER PARK, FLORIDA
32792.

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:

KYEYUNE. GORDON. KAZIBWE
Name

2301 CONIFER AVE

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

WINTER PARK, FLORIDA 32792.
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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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

KIEYUNE. G. KAZIBWE
2301 CONIFER AVENUE
WINTER PARK, FLORIDA, 32792.

(Use attachment if necessary)

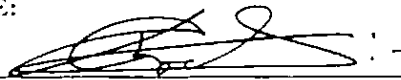
ARTICLE V: Effective date, if other than the date of filing: 03-1-2020 (OPTIONAL.)

(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.

KIEYUNE. G. KAZIBWE

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)

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TALLAHASSEE, FL

FILED

Florida Department of State

Division of Corporations

RE: To whom it may concern

On Sunday, February 2nd, I filled out an online application for a new Limited Liability Company. When it came to processing the payment via my card, I was unsuccessful and I received a message that the payment was not processed. "Please try again later" to which I did but still it failed. Since then, I have been trying to get through to someone for help using the numbers provided on the website "Sunbiz.org" but have not been able to get a hold of anyone. I also sent an email but not heard back hence the reason I am making another attempt filling manually this time along with the payment in form of a cashier's check. I was provided a tracking # 400340160104 at the time. Any help provided will be highly appreciated please.

Yours Sincerely,

Kazibwe G. Kyeyune

(508) 615-7531

Mukwano40@gmail.com

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TALLAHASSEE, FL