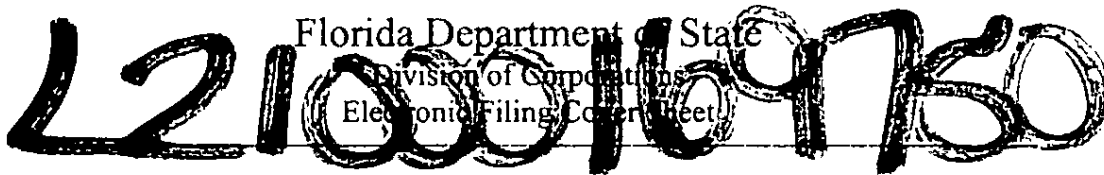


4/16/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000153393 3)))



H21000153393ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
Phone : (904)660-0020
Fax Number : (904)660-0029

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
KLM Properties FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

850-617-6381

4/19/2021 4:50:49 PM PAGE 1/001 Fax Server



April 19, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LIPPES MATHIAS WEXLER FRIEDMAN LLP

SUBJECT: KLM PROPERTIES FL LLC
REF: W21000053071

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The MGR names are illegible

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza
Regulatory Specialist II
New Filings

FAX Aud. #: E21000153393
Letter Number: 421A00008047

FILED
2019 APR 20 PM 3:14
STATE
CLERK

(((H21000153393 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KLM PROPERTIES FL 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:

Barbara Cocciolo, Esq.

Name of Person

Lippes Mathias Wexler Friedman LLP

Firm/Company

10151 Deerwood Park Blvd., Suite 300, Bldg 300

Address

Jacksonville, Florida 32256

City/State and Zip Code

bcocciolo@lippes.com

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

For further information concerning this matter, please call:

Barbara Cocciolo

904

660 0020

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
APR 20 PM 3:14
STATE
OF FLORIDA

(((H21000153393 3)))

(((H21000153393 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KLM Properties FL 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:8 Goldfinch LaneHuntington, NY 11743Mailing Address:8 Goldfinch LaneHuntington, NY 11743

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:

First Corporate Solutions, Inc.

Name

155 Office Plaza Dr.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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 APR 20 PM 3:16
STATE
OF FLORIDA

(((H21000153393 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRCan Hurioglu
8 Goldfinch Lane
Huntington, NY 11743MBRMary Amen
8 Goldfinch Lane
Huntington, NY 11743

(Use attachment if necessary)

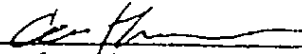
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Can Hurioglu
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)

FILED
021 APR 20 PM 3:14
STATE
CLERK