L21000304717

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raing Officer.

Office Use Only



700368284687

07/02/21--01004--018 **130.00

2021 JUL - 2 PM 12: C

SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

COVEREDITER
TO: New Filing Section Division of Corporations
SUBJECT: Kancy Renovation 3 Construction, uc
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Curt McKay
Name of Person
Kamcy Renavation 3 Construction
Firm/Company
8116 N. 13th Street #A
Address
Tampa, FL 33604 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CURT MC KOYat (813) 509-9985 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address

□\$125.00 Filing Fee

New Filing Section
Division of Corporations

△\$130.00 Filing Fee & Certificate of Status

Street Address

□\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee

□\$160.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Kancy Renovation 3 Construction, 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 Linkilla. Comment

ne mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Timespar Office Address.	<u>wiailing Address:</u>		
8/16 N. 13th Street APT. A Tampa FL 33604	Same as Prin	<u>upal</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered	d Agent's Signature:		
(The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	gent. You must designate an individual or		
The name and the Florida street address of the registered agent are: WRT MC Name Florida street address (P.O. Box Name) Tanyaa FL	<u>33604</u>	2021 JUL -2 PH 12: 16 SECRETARY OF STATE TALLAHASSEE, FL	
City State	Zip	•	

Mailing Address:

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 stanges relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of new populion as registered agent as profided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRE

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Mapager AMAR	CURT MCKay Bitte N. 13th Street Tampa, FL 33100
	SECSETY. TAILLY.
	e of filing:
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
REQUIRED SIGNATURE:	that MKays
This document is executed any false	tember or an authorized representative of a member. atted in accordance with section 605.02(3 (1) (b). Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155. F.S. 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)