

1/31/22, 2:18 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000033803**

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

From: Account Name : ASAP LAW, PLLC  
Account Number : 120190000038  
Phone : (407)461-9885  
Fax Number : (407)641-8159

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 JAN 31 PM 10:45

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

Email Address: MYMORTON@ASAPLAWFIRM.COM

**FLORIDA LIMITED LIABILITY CO.**  
**KHZ Enterprises, LLC**

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

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COVER LETTER

22 JAN 31 PM 10:45

TO: New Filing Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

SUBJECT: KHZ Enterprises, 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:

Mylika Cummings Morton  
Name of Person

ASAP Law, PLLC  
Firm/Company

111 N Orange Ave Ste 800  
Address

Orlando, FL 32801  
City/State and Zip Code

mymorton@asaplawn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mylika Morton 407 461-9885  
Name of Person at ( ) 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

11220000402343

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KHZ Enterprises, 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:

1815 Abbotts Hill Dr  
Orlando, FL 32835

1815 Abbotts Hill Dr  
Orlando, FL 32835

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:

ASAP Law, PLLC

Name

111 N Orange Ave Ste 800

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

Orlando

FL

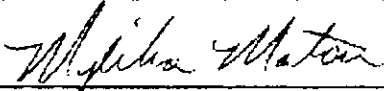
32801

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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**22 JAN 31 PM 10:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32399**

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company. **22 JAN 31 PM 10:46**

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FL 32317

MGR

Cheryl Zackery  
1815 Abbots Hill Dr  
Orlando, FL 32835

AMBR

Cheryl Zackery  
1815 Abbots Hill Dr  
Orlando, FL 32835

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(Use attachment if necessary)

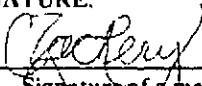
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Cheryl Zackery  
\_\_\_\_\_  
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)