

L220 0003 8407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

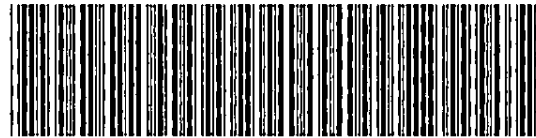
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/05/22--01003--001 **37.50

01/20/21--01013--011 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

FEB - 3 2022

W21-15090

• KROLL COMMERCIAL FL, LLC
5447 North Federal Highway
Fort Lauderdale, FL 33308
Telephone: 954.410.2301

December 2 , 2021

VIA OVERNIGHT DELIVERY

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

ATTN: Daniel L. O'Keefe, Regulatory Specialist II

Re: KROLL COMMERCIAL FL, LLC Articles of Organization

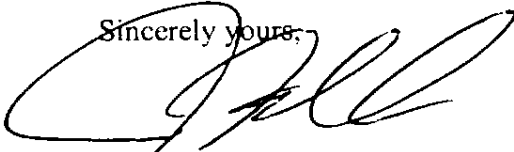
Dear Mr. O'Keefe:

Enclosed are the Articles of Organization for KROLL COMMERCIAL FL, LLC. Pursuant to your February 8, 2021 letter to me, a copy of which is enclosed herewith, it is my understanding that the \$87.50 I previously paid when I attempted to form "KROLLCOMMERCIALFL" in January 2021 can be applied to the \$125.00 filing fee required to organize KROLL COMMERCIAL FL, LLC. In this regard, enclosed is my check payable to the Florida Department of State in the amount of \$37.50, accordingly.

Please return a date stamped copy of the Articles of Organization in the self-addressed, stamped envelope enclosed herein for your convenience.

Thank you for your assistance.

Sincerely yours,



Jon Kroll
Authorized Member

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: KROLL COMMERCIAL 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:

Jon Kroll

Name of Person

Kroll Commercial FL, LLC

Firm/Company

5447 North Federal Highway

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

jon@krollrealty.com

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

For further information concerning this matter, please call:

Jon Kroll

954

410-2301

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KROLL COMMERCIAL 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:

5447 North Federal Highway
Fort Lauderdale, FL 33308

Mailing Address:

5447 North Federal Highway
Fort Lauderdale, FL 33308

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:

Jon Kroll

Name

5447 North Federal Highway

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

Fort Lauderdale

FL

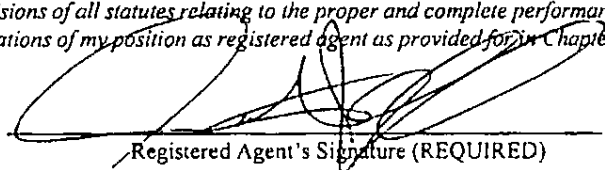
33308

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

Name and Address:

AMBR

Jon Kroll
5447 North Federal Highway
Fort Lauderdale, FL 33308

(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 Statute.
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.

Jon Kroll

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)

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DALE CHASSE, FLORIDA

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