

L22000061786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

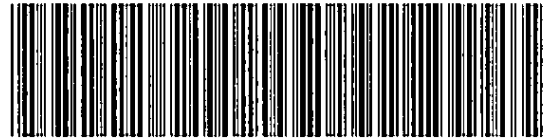
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FILED
2022 JUN 10 AM 12:45
CLERK OF COURT
TALLAHASSEE, FL

✓

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 660 Paradise 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:

Shauna Colvert
Name of Person

Colvert Real Estate, LLC
Firm/Company

713 Islebay Dr
Address

Apollo Beach FL 33572
City/State and Zip Code

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

For further information concerning this matter, please call:

Shauna Colvert 509 294-6818
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

022 JUN 10 11:12:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K.C. Paradise 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>713 Islebay Dr</u>	<u>713 Islebay Dr</u>
<u>Apollo Beach FL</u>	<u>Apollo Beach FL</u>
<u>33572</u>	<u>33572</u>

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:

Shawana Calvert
Name
713 Islebay Dr
Florida street address (P.O. Box **NOT** acceptable)
Apollo Beach FL 33572
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..

Shawana Calvert
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2012 JUN 10 AM 12:45
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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Shawna Calvert
713 Islebay Dr
Apollo Beach FL 33572

AMBR

Gregg Calvert
713 Islebay Dr
Apollo Beach FL 33572

MGR

Shawna Calvert
713 Islebay Dr
Apollo Beach FL 33572

MGR

Gregg Calvert
713 Islebay Dr
Apollo Beach FL 33572

(Use attachment if necessary) See Attachment

ARTICLE V: Effective date, if other than the date of filing: 1 Feb 2022 (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:

Shawna Calvert

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.

Shawna Calvert
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)

2022 JAN 10 PM 12:45

Attachment

mGR)

Robin Salz
2367 W SR 110
Richester IN 46975

Nothing follows

2022 JAN 10 AM 12:45
SUNBELT
VALLEY