L22000297713

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400390616804

tg 48542 -€1963 - 804 - ++360.86

OIVISI. H. SEE FRATION

122 JUL -6 AM 11:08

RECEIVED

FILED 2022 JUL -6 AM 10: 43

D. O'KEEFE JUL - 6 2022

COVER LETTER

Division of Corporations		
SUBJECT: LA Comme Name of L	rcla/ Enter Polso	eLLC
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Billy Simmo	Name of Person	
K+B Commercia	Enterprise LL	
	Address	
Lamont Fl.	32336	
	City/State and Zip Code	
b Simbob 1 @ ao	ed for future annual report notification)	
For further information concerning this matter, ple		
Billy Simmons at (Area Code Daytime Telephone Number	er
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	160.00 Filmg Fee, rtificate of Status & uffed Copy tional copy is enclosed)
Mailing Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

K&B Commercial Enterprise 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:

Agmont Fl. 32336

Mailing Address:

Mailing Address:

338 Piver Rd

Lamunt F-1, 32336

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:

Dilly Simmon

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

Langut Florida 32336

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. Thereby 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)

2022 JUL -6 AM IO: 43

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Billy Sinmons 338 River Pd Lamber TT, 3-2336	
(Use attachment if necessary)		
the date of filing.)	ate of filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	0.	<u> </u>
This document is exe I am aware that any fi constitutes a third deg	member or an authorized representative of a member, reuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee	2022 J
	Typed or printed name of signee	٦

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 JUL -6 AM 10: 43