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(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
,	
☐ PICK-UP ☐ WAIT ☐ MAI	L
/	
-	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
· 	
Special Instructions to Filing Officer:	
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Office Use Only



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2022 AUG 12 AH 10: 22

DECENTED

D. O'KEEFE AUG 1 2 2022

· COVER LETTER

TO:	New Filing Sect Division of Corp			٠			
empir		OPERTY, LLC					
SUBJECT: Name of Limited Liability Company .							
The en	closed Articles of 6	Organization and fee(s)	are submitted	l för filing.			
		ndence concerning this		-			
	-	_		······································			
	KATHERINE	: нелмек					
			Name of	Person			
			Firm/Ce	ompany			
	12522 SW 94	TERR					
			Addı	ress	······		
	MIAMI, FL 3	33186					
	KATHERINEI	HEIMER@GMAIL.CC	City/State ar	id Zip Code			
		-mail address: (to be us		annual report notificat	ion)		
For furth	er information con	cerning this matter, ple	ase call:				
	KATHERINE		305	877-7433)			
	Name	e of Person		Daytime Telephon			
Enclose	ed is a check for th	e following amount:					
≡ \$125	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	i5,00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		• Address ling Section		Street Address New Filing Section D	ivision		

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 COM PROPERTY, LLC.	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
· Principal Office Address:	Mailing Address:
• Principal Office Address:	Mailing Address: 12522 SW 94 TERR

KATHERINE HEIMER

The name and the Florida street address of the registered agent are:

Name

12522 SW 94 TERR

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

 MIAMI
 FL
 33186

 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my portion as registered from as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MGR</u>	KATHERINE HEIMER 12522 SW 94 TERR
	MIAMI, FL 33186
	
	
(the materials)	
(Use attachment if necessary)	
ULE V: Effective date, if other than the date of t	ing:
effective date is listed, the date must be specifi	and cannot be more than five business days prior to or 90 days after
le of filing.) If the date inserted in this block does not meet	he applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of S	ate's records.
CLE VI: Other provisions, if any,	
The Victorial provisions, it any.	
	_

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.

KATHERINE HEIMER

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)