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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
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ed Copies	Certificates	of Status
c al Instructions to	Filing Officer.	
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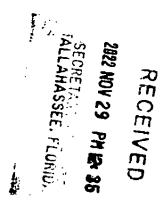
T. SCOTT NOV 2 9 2022

Office Use Only



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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: King 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:
Cody Townsend Name of Person
King Enterprises LL.C. Firm/Company
5033 Robinhood Kennel Rd
Tallahassee, FL 32303 City/State and Zip Code
Codya 2221 (a) amail. com E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cody Tansend at (850) 901 5503 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division
Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital City Enterprises UC (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:	
5033 Robinhood Kenel Rd	5033 Robinhadd Kennel	Rd
191107655CE, FL 3/2305	Tallahassee, FL 36303	

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:

Cody Townsend

Name

5033 Robinhood Kennel Rd

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

Tallahassee, FL 32303

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 turther 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Cody Townsend 5033 Robinhad Kennel rd Tallahassee, FL 32303
MGR	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals constitutes a third degre	ember or an authorized representative of a member, med in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State refelony as provided for in s.\$17.155, F.S.
_Cody	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)