

L23000018075

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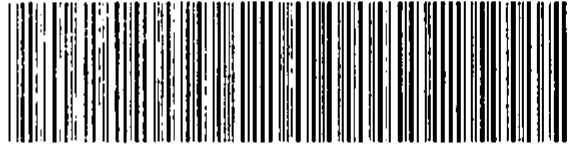
(Business Entity Name)

(Document Number)

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S. CHATHAM  
JAN 18 2023

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S. CHATHAM

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 01/17/23**

**NAME: THE K-BROS, LLC**

**TYPE OF FILING: ARTICLES**

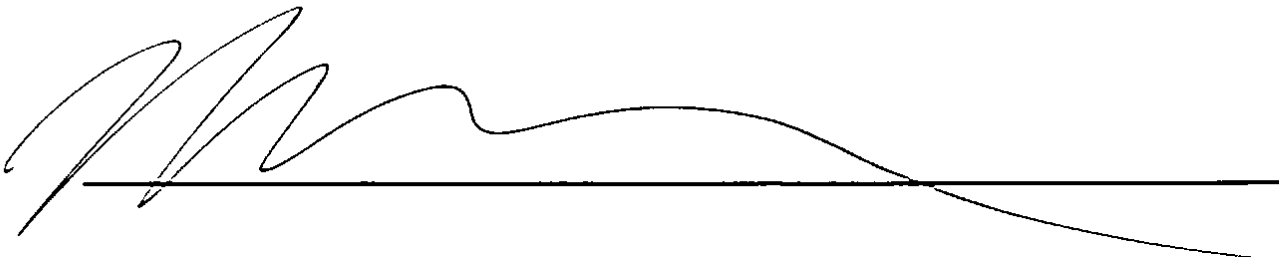
**COST: 125.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be 'Paul Hodge', is written over a horizontal line. The signature is stylized with large, sweeping loops and a long horizontal stroke at the end.

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: The K-Bros, 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:

Barbara M. Brown Esq.  
Name of Person

Brown & Associates Law & Title P.A.  
Firm/Company

11373 Countryway Blvd.  
Address

Tampa, FL 33626  
City/State and Zip Code

TheRealEstatePro1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara M. Brown at ( 813 ) 528-4644  
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:

The K-Bras 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:

### Mailing Address:

1550 Highland Park Dr.  
Cleawater, FL 33756

1550 Highland Park Dr.  
Cleawater, FL 33756

## 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:

Michael B Krizmanich  
Name

1550 Highland Park Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Cleawater, FL 33756  
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..

DocuSigned by:  
[Signature]  
E0578FF1FA1B4C0  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION  
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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:**

MGR

Michael B. Krizmanich  
1550 Highland Park Dr  
Clewisville, FL 33756

MGR

Jon G. Krizmanich  
2461 Hemingway Ln Apt 104  
Merritt Island, FL 32953

SEAL  
OFFICE OF  
JAN 17 PM 4:51

(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:**

DocuSigned by:  
[Signature]  
E0579FF1E81B4C0

**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.

MICHAEL B KRIZMANICH

Typed or printed name of signer

**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)