

L23 000092268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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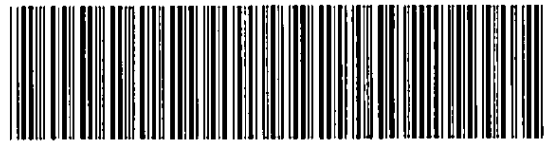
(Business Entity Name)

(Document Number)

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# ROBINSON KENNON & KENDRON, P.A.

BRUCE W. ROBINSON\* †  
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ATTORNEYS AT LAW  
582 W. DUVAL STREET  
LAKE CITY, FLORIDA 32055  
TEL (386) 755-1334 FAX (386) 755-1336  
WWW.RKKATTORNEYS.COM

THOMAS J. KENNON††  
JOHN J. KENDRON

February 8, 2023

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

*Re: K & K Visual Media*

To Whom It May Concern:

Attached is a cover letter and Article of Organization for Florida Limited Liability Company for K & K Visual Media, LLC and my check in the amount of \$125.00. Please forward all future correspondence or questions to my attention to [lac@rkkattorneys.com](mailto:lac@rkkattorneys.com).

I thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'TJ Kennon'.

Thomas J. Kennon, III, Esq.

Enclosure(s) as stated.

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CLERK  
11-09-107

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: K & K Visual Media  
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:

Todd Kennon  
Name of Person

Robinson, Kennon & Kendron, P.A  
Firm/Company

582 W. Duval St  
Address

Lake City, FL 32055  
City/State and Zip Code

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

For further information concerning this matter, please call:

Todd Kennon at ( 386 ) 755-1334  
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

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K:K Visual Media, 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:

845 Tara Trace Cir., SW  
Live Oak, Fla. 32064

Mailing Address:

845 Tara Trace Cir., SW  
Live Oak, Fla. 32064

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:

Thomas J. Kennon, III

Name

582 West Duval St.

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

Lake City Florida 32055

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.*

TJ Kennon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Kerner Kafka

845 Tara Trace Cir SW  
Live Oak FL 32064

(Use attachment if necessary)

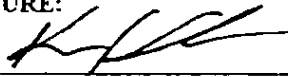
**ARTICLE V:** Effective date, if other than the date of filing: 01/30/2023 (OPTIONAL)

(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:**



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.

Kerner Kafka

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)

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FILED