

L23000 148004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

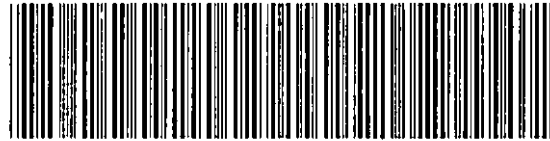
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

al Instructions to Filing Officer:

Office Use Only



300405482473

FILED

2023 MAR 30 AM 11:34  
SECRETARY OF STATE  
FALLAHASSEE, FL 32811

RECEIVED

2023 MAR 30 PM 1:08  
RECEIVED  
OFFICE  
TALLAHASSEE  
FLORIDA

**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**

---

**DATE: 03/30/23**

**NAME: KCH MANDARIN, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 130.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KCH Mandarin, 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:

Peter Mistretta  
Name of Person  
Firm/Company  
14 Grey Hollow Road  
Address  
Norwalk, CT 06850  
City/State and Zip Code  
peter@knightig.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Mistretta (203) 273-1209  
at ( )  
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

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KCH Mandarin, 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:

Peter Mistretta  
Name of Person  
Firm/Company  
14 Grey Hollow Road  
Address  
Norwalk, CT 06850  
City/State and Zip Code  
peter@knightig.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Mistretta (203) 273-1209  
Name of Person at ( ) 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:

KCH Mandarin, 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:

10991 San Jose Blvd, Unit 2  
Jacksonville, FL 32223

Mailing Address:

10991 San Jose Blvd, Unit 2  
Jacksonville, FL 32223

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:

TRAC - The Registered Agent Company

Name

236 E. 6th Avenue

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 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:

Peter Mistretta

58F753FFFF503485

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 MAR 30 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, 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

**Name and Address:**

MGR

Peter Mistretta

10991 San Jose Blvd, Unit 2

Jacksonville, FL 32223

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

None.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Peter Mistretta

5BF253FFF503485

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.

Peter Mistretta, Manager

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)